

**A CHURCH ACTION MODEL:
A RESPONSE TO THE HIV/AIDS CRISIS IN THE
AFRICAN AMERICAN COMMUNITY**

VOLUME I

By

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A DEMONSTRATION PROJECT

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ABSTRACT

A CHURCH ACTION MODEL: A RESPONSE TO THE HIV/AIDS CRISIS IN THE AFRICAN AMERICAN COMMUNITY

By

Ricky Vernard Boyd

The project consists of fourteen chapters. Chapter one is a historical analysis, origins, and impact of the AIDS crisis in the African American community and society at large. Chapter two is a semi-autobiographical sketch of my AIDS awareness development and social consciousness formation over the last twenty-five years. In this chapter, I attempt to set the social and religious context for how AIDS has intellectually and emotionally affected me. I also outline specific reasons why the African American community responded slowly to the AIDS crisis. Chapter three contains a brief discussion advocating clergy and Christian education and awareness as a means to overcome negative stigmas towards people living with HIV/AIDS. Chapter four contains a survey of the site team's belief system and perceptions of AIDS and how their church have responded to AIDS. In chapter five, the site team provides their own group personal intercessory prayer for people affected by AIDS. Chapter six is the site's study of the biblical framework for participation and comforting people affected by HIV/AIDS. Chapter seven is theological basis for the site's team call to participate in the healing process with emphasize on working with people living with AIDS. Chapter eight is an extension of chapter seven where the group begins contacting and communicating with churches seeking their support for developing HIV/AIDS ministries. Chapter nine demonstrates group actions in fund raising and providing assistance, food, clothing, and shelter.

financial support for people with AIDS who are in need of immediate material assistance, including providing established organizations with support. Chapter ten contains group interviews conducted by the site team with churches with existing AIDS ministries and their reflections of this crisis in the Black community. Chapter eleven through fourteen contains the following reflections: Eleven, site team and my personal reflections on this project; twelve, site team evaluation of my plan of implementation; thirteen, site team evaluation of the Demonstration Project; fourteen, the site team evaluation of the relevant and applicable ministerial competencies. The AIDS pandemic is a classical example of how conservative religious thought and politics in the United States during the 1980's provided the basis for the slow response to AIDS. Shamefully, the African American church along with white evangelical movement and media helped provide the basis for the national fear of AIDS with its Homophobic, anti-poor, anti-Black neglect.

I chose this topic for my Doctorate of Ministry because of my contradictory experiences as an intellectual activist operating in the midst of a religiously conservative community. This project enabled me to work with internal contradictions while seeking to alleviate people's pain and suffering that are living and dying with AIDS. Yet, while there are internal contradictions and conflicts in all philosophies and ideologies, including the material circumstances in which people live, these contradictions or conflicts should not drown anyone in paralysis but motivate them to solve their own contradictions. Whatever one's thinking after reading this project; my hope is that it not only provides insight into how religion, politics, and fear can bring about paralysis when any group allows its cultural and religious perspective to dominate it's thinking in the midst of a national internal crisis.

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I want to thank my *Site Team Members* for their time and energy while assisting me in the completion of this project. Also, a special thanks to the chairperson's of the site team Pamela Murray and Cassandra Roberts for their hours of interviewing and meeting with various church officials while maintaining family responsibilities. Likewise, grateful thanks to *Stephanie Ferguson* for her hours and days of editing almost 400 plus pages of this demonstration project.

Thanks to *Dr. Lester Ruiz* for a critical and sensitive meeting on November 8th, 2004 that resulted in the refocus of my process - methodological, theological and political. His constant phraseology of "what's the issue" is interwoven in my spiritual, moral, and intellectual framework, as I seek resolution to present and future social, political, religious or cultural contradictions in life.

Thanks to the Spirit of the Lord for helping me to remember so many people who have succumbed to HI/AIDS over the past 25 years. This project provides valuable lessons of why communities must be in dialogue together to solve social, political and health crisis.

This demonstration project was a therapeutic activity reflecting on 25 years of social, political and health concerns in the African American community. It provided the basis for action – reflection on the issue of AIDS, moreover, it allowed for personal transformation by ensuring that I reject any dimensions of knowledge, whether personal, institutional, cultural or ideological that perpetuates dehumanization or oppression.

PREFACE

The topic surrounding this Demonstration Project, *A Church Action Model: a Response to HIV/AIDS crisis in the African American Community*, was done with a sense of fear, trepidation and excitement. The fear and trepidation is attributed to attempting to engage the African American Church and Christians in uncomfortable issues such as developing an AIDS ministry. While I know many African American church leaders are sadden by the deaths of those who die from HIV/AIDS, far less have established specific ministries to assist in the prevention of this prevalent pandemic in African American communities throughout the United States.

This project was a professional and academic task but also a fulfillment of a personal mission. When HIV/AIDS was introduced to the public in 1981, very few people understood the present significance or the future impact of HIV/AIDS. Yet, within the span of ten years, I had experienced the passing of Christian associates, acquaintances, friends and relatives due to HIV/AIDS. They were both homosexuals and heterosexuals. One friend was an African American woman, 40 years of age, and a faithful church member whom succumbed to AIDS 1989. She was a friend to whom I would deliver groceries to when she had need of assistance. Her name was Baba. The facts surrounding her death to AIDS, were quietly withheld due to the shamesfulness often attached when people contracting this disease. Her family disallowed hospital visitations while simultaneously inciting the concealment of her illness. I remember when my mom called me with the fatal news that Baba had died; it hit me like a sack of bricks. The tears poured down my eyes and my mind was in a total state of confusion for a week.

The last time I saw her alive was before I arrived at Union Theological Seminary for my first semester. After a Thursday night church service BeBe told me she had no food. She complained about the church not helping her financially. I had known her since 1977, our friendship motivated me to remove food from my mother's cabinet and give her our can goods. During my visit to her apartment Baba told me that she had "slipped" on a needle and she was not feeling well. Intuitively, sensing she was an intravenous drug user, I brushed it off and rarely thought of much of the circumstance, until my mother's phone call. Was this her way of informing she was dying? Was this her way of saying good bye inviting me to her apartment after church? Was this her way of seeking material needs? What more was she attempting to tell me? The talk surrounding her death and many others were typical of church talk. Ponderings evolved from people unable to fully understand how someone could confess salvation and place needles in his/her arms?

This project serves as a professional task and mission to involve African American churches and Christians to develop and participate in AIDS Ministries. I began this project with the expectations that in the years of 2004 and 2005 the church would consider the importance of solving the HIV/AIDS crisis within our communities. I assumed the church would, in urgency, develop ministries to eradicate this community life crisis. Within the initial months of this project, this assumption yielded a sense of anger and disappointment that caused me to fall flat upon my face.

My November 8th, 2004 meeting with Dr. Lester Ruiz, the Associate Dean of the Doctorate of Ministry Program, provided an intellectual spark of life, spiritual energy, and hopes to continue moving forward. The overall goal of this demonstration project

was to develop a Christian Church Model of Action to eradicate the HIV/AIDS Crisis in the African American Community. This was accomplished by developing a booklet for churches to model in hopes of providing ideas for them to develop their own HIV/AIDS ministries. Through the support of the site team we evaluated those African American churches with HIV/AIDS ministries, community organizations and interviewed pastors and church leaders and developed an HIV/AIDS action booklet. This booklet provided ideas and activities for churches to participate in AIDS ministries. Thus, for churches interested and considering developing AIDS ministries we developed a list of churches and community organizations that were actively engaged in AIDS ministries. This network of active AIDS ministries (which were very few) could provide expertise and direction for developing or inactive ministries. The outcome of our site team meeting was the development of a network of churches that made themselves available for new start up AIDS ministries. Also, we developed a new network of start ups that could courage and align themselves with one-another and encourage each other in their endeavors. Therefore, two networks address existed, one, addresses and phone numbers of established organizations and ministries, the other, addresses of developing ministries and organizations. The November 8th meeting was a questioning (what's the issue) session by Dr. Ruiz and myself that enabled the site team to move from "dictators" of church action to facilitator's of church action in developing AIDS ministries.

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INTRODUCTION

THE GENERAL SETTING

The HIV/AIDS disease continues to be a major killer of African Americans, as well as the leading health epidemic within the African American Community in the United States. This devastating disease requires educational awareness, treatment and prevention strategies in order to diminish the effects of this pandemic and its impact on African Americans.

Since the origin of HIV/AIDS in the United States, very few African American churches have developed AIDS ministries or prevention strategies. In the last ten years, African American churches have begun to understand the social, emotional, and economical impact of HIV and AIDS and have begun to initiate ministries to counteract its devastation. However, the majority of African American churches (clergy and congregants) have remained silent concerning the horrific consequences of HIV/AIDS, partially due to the erroneous belief that homosexuality and HIV/AIDS go hand-in-hand. This stigma has prevented some churches from discussing the HIV/AIDS pandemic, partially due to its anti-homosexuality position. Traditionally, African American clergy have challenged the racial oppression of African Americans and other minority groups through the Civil Rights struggle. Yet, the majority of African American clergy have failed to view HIV/AIDS as a health or Civil Rights issue, thus further hindering the motivation to find a reason to slow the spread of this disease. The early failure to include

AIDS prevention as a health or political concern is the reason why so many clergy connect AIDS as moral judgments related to homosexuality, intravenous drug use and promiscuous behavior.

Any discussion pertaining to HIV/AIDS must include discussions concerning sexuality, homosexuality, promiscuity, drug use, and prevention. And discussions of this type directly contradict the traditional Christian theology regarding Sex and Sexuality. Discussions should include abstinence (no intercourse before marriage) to safe sex (the use of condoms) although there is no totally safe method that prevents the spread of HIV/AIDS. The most popular non-church or secular solution to HIV/AIDS prevention is the use of condoms and the most popular church solution is only abstinence. Most African American clergy are not willing to challenge their theology of promoting sex outside of marriage, since this behavior is considered sinful. Traditionally, all churches, including African American churches have articulated the position that sexual relations must be performed within the institution of marriage. This means entering sexual relations is purely for procreation as well as for the pleasure of the married couples. This theological perspective provides little means to develop HIV/AIDS prevention strategies among teenagers, young adults, and people not interested in marriage. Moreover, to promote any thinking of legitimizing sexual relations outside of the scriptural context alienates a portion of church membership that is loyal to traditional biblical teaching. Therefore, traditional thinking about of sexual relations is deeply entrenched and the majority of church going Christians, Clergy-persons and lay members may not be willing to openly endorse condom use as an effective means of preventing HIV/AIDS, especially

before marriage. Yet, churches can develop and articulate less controversial positions and strategies different from the use of condoms as a HIV prevention measure.

There are other effective, less controversial methods for confronting HIV/AIDS. Zion Baptist Church of Philadelphia holds a daylong HIV/AIDS Seminar on Martin Luther King Day to talk about their city's epidemic. Another example is the Antioch Baptist Church of Cleveland, OH, which offers HIV testing, prevention information and referrals. The McGee Avenue Baptist Church of Berkeley, CA offers HIV testing to the local homeless population as a means to encourage testing and attempt to halt the spread of HIV/AIDS among California's homeless population.

Some African American churches in New York and New Jersey have AIDS Ministries that date back to the late 1980's. Many African American churches have started ministries or supported them due to the deaths of congregational members, relatives or loved ones. As a result, ministries have sprouted such as The Balm in Gilead of New York City, which works with African American churches to stop the spread of HIV/AIDS. The Bethany Baptist Church of Newark, NJ has a long history of active HIV/AIDS ministry in the Newark community. Bethany Baptist Church has given toys to children with HIV/AIDS and supported their families with food drives. Other well-established ministries are Riverside Church in New York, NY, The Cathedral International in Perth Amboy, NJ, and Canaan Baptist Church in Harlem, NY. Some developing ministries in their infancy stages are Jehovah Rapha Ministries for HIV/AIDS Awareness associated with the St. Matthews AME Church in the Bronx, NY, and Friendship Ministries Inc., of Newark, NJ.

THE SPECIFIC SETTING

The focus of this demonstration project is to raise awareness of HIV/AIDS among African American churches and communities across New York and New Jersey. Specifically, my intent is to attempt the increase of African American church participation in HIV/AIDS ministry throughout the United States, while focusing on New York and New Jersey. There are a few African American churches that have actually created HIV/AIDS ministries in the New York and New Jersey area. The Balm in Gilead cites twelve (12) African American churches with HIV/AIDS Ministries in the New York and New Jersey area. Yet, among those with ministries, most are inactive or lack the knowledge or direction of how to maintain an active and vibrant ministry. There are over five thousand churches in metropolitan New York and New Jersey. Therefore, 0.01% of the churches in the area have ministries dedicated to the HIV/AIDS crisis. This clearly indicates that HIV/AIDS ministry work is not a priority in the African American church community. Armed with this foundational theory I seek to validate, corroborating data will be collected and published in an effort to increase the number of persons committed to HIV/AIDS prevention.

However, while my focus will be increasing educational awareness among all African American churches, some attention will be paid to the most conservative elements within the African American church community -- The Pentecostals. As I perused The Balm in Gilead Website, it was of little surprise that Pentecostal churches were noticeably absent among their listing of church-based HIV/AIDS ministries. As a Pentecostal, it is tempting to be offended by statements that the Pentecostal denomination

is no more involved in the fight for HIV/AIDS prevention. But, the fact is: African American Pentecostals in the New York and New Jersey area have had little to almost no HIV/AIDS ministry in comparison to more politically progressive denominations like the African Methodist Episcopal (AME) and African American Baptist Churches. Yet, the majority of AME and Black Baptist churches like Pentecostals groups have a legacy in not participating or establishing AIDS ministries.

FOCUS SITUATION

The purpose of this project is to encourage the development of HIV/AIDS ministries and educational awareness among African American churches and communities in the metropolitan area. Our focus is to work with existing African American church-based HIV/AIDS ministries in metropolitan New York and New Jersey; as well as encouraging all African American churches to develop HIV/AIDS ministries across the United States.

CHALLENGE STATEMENT

The majority of African American churches has not developed any HIV/AIDS ministries and has played little to no role in developing AIDS prevention strategies. The majority of African American churches have failed to acknowledge the HIV/AIDS pandemic and its socio-economical, spiritual and medical implications within the African American community. The objective of this demonstration project is to raise the AIDS awareness among African American Churches and the Black Christian community. Moreover, the goal will be increasing African American church and community

participation in creating and developing AIDS ministries in order to halt or slow the spread of HIV/AIDS within the Black community.

SITE TEAM RESPONSE

The Site Team agrees that this is a prevalent issue within the African American Community. The need to pursue educational, religious and ministerial activities that raise church and community consciousness, as well as transform behaviors, is invaluable to challenging the HIV/AIDS crisis. In addition, the Site Team agrees that developing a ministry handbook would be the most effective way to draw attention to the HIV/AIDS crisis among the African American Church.

THE MINISTRY GROUP

A group of nine African Americans representing African American churches in New York and New Jersey will work together as my Site Team to develop HIV/AIDS awareness among African American churches. The core group represents a cross-section of African Americans from such denominations as the Reformed Church of America, Church of God in Christ (COGIC), Apostolic Faith, Pentecostal, The National Baptist Convention, and The Progressive National Baptist Church of America. Nevertheless, some members, such as those from the Reformed Church of America, are the minority in terms of membership representation. All members acknowledged their evangelical religious perspective that ranged from religiously conservative to politically moderate. Yet, the common denominator is that all members viewed their religious and social experiences as deeply rooted in the African American social experience in America. The

nine members of the Sitc Team are: Ricky Boyd, Cassandra Roberts, Pamela Murray, Felicia Wright, Devonna Cousins, Sarah Johnson, Janet McKnight, Manasse Nicaisse, Sadio Orelien, Stcphanie Ferguson and Sandra Avery.

CHAPTER ONE

HISTORICAL ANALYSIS OF THE ORIGINS AND IMPACT OF HIV/AIDS

The Center for Disease Control (CDC) was the first to scientifically recognize “AIDS” symptoms in 1981. The CDC reported 413 young gay men that were diagnosed with pneumonia and/or Kaposi Sarcoma, a rare skin cancer. By the end of 1981, CDC reported 159 deaths from these symptoms among gay men in the United States.¹ This resulted in a New York Times article in 1981, which brought national and international attention to this disease affecting gay males.² Although the disease was affecting gay men in the United States, people of African descent were being diagnosed in Tanzania and Haiti in the early 1970’s,³ and researchers believed the first proven “AIDS” death was in the Congo in 1959.⁴ The disease spread rapidly by 1983 and there were a total of 3,064 cases of AIDS in the United States with 2,137 dead.⁵

In response to this medical crisis, three organizations emerged to address this public health crisis. First, The Gay Men Health Crisis (GMHC), founded in 1982 provided

¹ Regina Aragon, Jennifer Kates, Kaiser Family Foundation, “The Aids Epidemic at 20 years: Selected Milestones” *Kaiser Family Foundation*, Internet, available from www.kff.org/docs/AIDSat20/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=29922 (accessed 19 January 2004).

² “Rare Cancers seen in 41 Homosexuals,” *New York Times*, 3 July 1981, A20.

³ Daniel Vangroenweghe, “The Earliest cases of Human Immunodeficiency Virus Type 1 group M in Congo-Kinshasa, Rwanda and Burundi and the origin of acquired immune deficiency syndrome,” *Philosophical Transactions of The Royal Society*, 356 no.1410 (June 29, 2001):923-925.

⁴ Tuofu Zhu, Bette Korber and Andre Nahinias. “An African HIV-1 Sequence from 1959 and implication for the Origins of the Epidemic,” *Nature Journal* 391, (February 5, 1998): 594.

support to gay men. The next organization was The AIDS Action Counsel, founded in 1984 to lobby the Federal Government for AIDS policy, legislation, prevention, and treatment funding. The third was ACT UP. A political organization founded in 1986 that brought AIDS awareness to the public and protested the Reagan Administration's silence on this medical crisis.⁶ However, the Reagan Administration finally acted in 1986 during their latter years in office by having Surgeon General Koop mail 107 million copies of AIDS brochures to U.S. households. Also, in 1987 the Supreme Court banned discrimination against those with HIV/AIDS in Federal agencies or assisted programs.⁷

Although African-Americans and people of African descent were among the early victims of HIV/AIDS, it wasn't until the 1990's that the racial shifts in HIV/AIDS cases began to alarm the African-American community. In 1991, Earvin "Magic" Johnson informed the world he had contracted the HIV virus that causes AIDS.⁸ Johnson's discovery brought overnight public attention and increased discussion throughout the media. In 1993, tennis star Arthur Ashe died and super entertainer Eric "Easy E" Wright of NWA whose hard-core gangster rap had tremendous popular appeal among inner city African-Americans throughout the United States died in 1995.⁹ By the mid 1990's the public could no longer exclusively associate HIV/AIDS with gay white males or intravenous drug users.

The election of the Clinton-Gore Administration in 1992 brought new hope to

⁵ Regina Aragon, Jennifer Kates, Kaiser Family Foundation, The Aids Epidemic at 20 years: Selected Milestones [online timeline] (Kaiser Family Foundation, 2001 accessed 19 January 2004); available from www.kff.org/docs/AIDSat20/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=29922.

⁶ Raymond Smith, *The Encyclopedia of AIDS: A Social, Political, Cultural, and Scientific record of the Epidemic* (Chicago: Fitzroy Dearborn Publishers, 1998), 3. 687, 701.

⁷ Ibid., 530.

⁸ Ibid., 620.

⁹ Ibid., 621, 480.

AIDS activists and the public at large. Clinton, who actively campaigned for gay support and appointed a controversial “AIDS Czar”.¹⁰ In 1992, the Democrats invited Bob Hattoy and Elizabeth Glaser, both who had AIDS to be speakers at the Democratic Convention.¹¹ The Democrats, understanding the growing concern and public anxiety about HIV/AIDS, wanted to show their willingness to address the disease as a public health crisis and made it a mainstream issue. Besides advocating his social and political support for AIDS causes, President Clinton provided financial support through the Ryan White Care Act. The Ryan White Comprehensive AIDS Resource Emergency Fund was intended to provide emergency support for low income, under or uninsured persons living with HIV/AIDS.¹²

The Clinton-Gore Administration established HIV/AIDS policies and increased funding to cities and states by 266% since 1993.¹³ The Clinton Administration signed a five-year extension in 1996 to The Ryan White Care Act to include AIDS educational and training programs, assistance to health care professionals in early diagnosis, treatment and intervention of HIV infections, and assistance to dental services with HIV/AIDS patients.¹⁴

The Clinton-Gore Administration was a critical turning point in the presidential involvement against HIV/AIDS. Prior to this Administration, there was limited involvement from the Presidential administrations on AIDS. The general public felt a

¹⁰ “Gebbie Sets Herself Up As Lightning Rod on AIDS Battle”. *Chicago Tribune*, 12 December 1993, sec. WomansNews, p.61.

¹¹ Smith. *Encyclopedia of AIDS*, 521.

¹² Office of National AIDS Policy, “Federal Spending on HIV/AIDS: Care and Services through the Ryan White Care Act at HRSA,” *Health Resources Services Administration*, Internet, available from <http://Clinton2.nara.gov/ONAP/ryanwhi.html> (accessed 19 January 2005).

¹³ Ibid.

¹⁴ Ibid.

sense of neglect in regards to this issue since the Reagan-Bush Administration. The Clinton-Gore Administration provided AIDS activists a sense of hope that sparked energy into those interested in funding medical care and treatment. The Clinton-Gore Administration clearly was the impetus for widespread change in moving the public and governmental agencies to direct involvement in easing the pain of those infected; as well as the initiation of fundamental solutions that won the support of AIDS activists.

Since the late 1980's, the African American community began to feel the devastation of the AIDS Crisis while deaths and their interest concerning this crisis steadily increased. Among the first critical group of African American Activists, were members of the Congressional Black Caucus. The relationship between African American Congressional Black Caucus members and the Clinton Cabinet Secretary of Health and Human Services, Donna Shalala, moved too quickly to provide educational awareness and funding to attack this crisis.

RACIAL SHIFTS HIGHLIGHT NEW NEEDS IN AIDS PREVENTION, CARE AND TREATMENT

By the late 1990's considerable attention increased on the disproportionate percentage of HIV infections among minorities in the United States.¹⁵ The attention was influenced by the deaths of African American celebrities and personalities, but also every day African Americans who experienced the death of relatives and friends, due to HIV/AIDS. On March 3rd in 1998, the Center for Disease Control (CDC), and members of various African-American organizations met to discuss ways to combat the rise of African-Americans with AIDS, STD's, and tuberculosis.¹⁶

¹⁵ Smith, *Encyclopedia of AIDS*, 30.

Several African-Americans wrote a “manifesto” that was shared the next day at the conference. This manifesto was presented to the Appropriations Committee of Congress and the Congressional Black Caucus. The report outlined how HIV/AIDS represented a “national health emergency” in the African American community. The collaborative efforts of the Congressional Black Caucus, particularly those of Congresswoman Maxine Waters and Secretary Donna Shalala, led to the formation of a “working group” whose members were from various community and governmental agencies whose primary focus was to address the HIV/AIDS crisis. Their efforts led to an additional 156 million dollars in federal aid being directed to African-American Community.¹⁷

Adding to the state of the AIDS crisis in the African American Community was the tragic discovery that although the number of AIDS deaths was declining in the United States, by 2000, the number of deaths from AIDS was disproportionately higher among African Americans than all other groups.¹⁸ As AIDS rate among African Americans rose to 9 times higher than whites, the government began receive pressure to funnel funds to the communities that needed them the most.¹⁹

In 1999, Donna Shalala’s, the Secretary of Health and Human Services, opening address at the National Conference on African-Americans and AIDS confirmed the endorsement of the government and outlined strategies to fight against AIDS. The

¹⁶ “\$156 Million Allocation Story: Benny Primm, M.D., Executive Director, The Addiction Research and Treatment Corporation,” *John Hopkins University*, Internet, available from http://www.hopkins-aids.edu/afam/afam_hilites/afam_12.html (accessed 10 March 2005).

¹⁷ *Ibid.*

¹⁸ Center for Disease Control and Prevention. “Death Among persons with AIDS through December 2000,” *HIV/AIDS Surveillance Supplemental Report*, 8, no.1 (2002): 12.

¹⁹ “Policy facts. Communities of color and HIV/AIDS.” *AIDS Action*, Internet, available from <http://www.aidsaction.org/legislation/pdfs/PolicyFactsCommunitiesofColor.pdf> (accessed 10 March 2005).

conference brought together HIV/AIDS medical practitioners, intellectuals, government officials, the Congressional Black Caucus, and grassroots organizations to challenge the HIV/AIDS emergency facing the community.²⁰ The conference was specifically designed for professionals who cared for patients infected with the HIV/AIDS virus. It also served as a yearly gathering for the dissemination of information among African American HIV/AIDS organizations, churches and civic leaders.

By 2000, new data from the Center for Disease Control indicated that 52% of all AIDS cases were from minority gay and bisexual men. This number increased by 31% since a decade ago. Data from the CDC also indicated gay minority men were contracting the disease at a younger age than gay white men.²¹ The CDC data also showed that men between the ages of 13 and 24 diagnosed with HIV were higher among minority men (16% of African-Americans; 13% of Latinos) than the white male population (9%).²²

The racial shift highlighted the need for better care, prevention and information on AIDS in communities of color. The CDC reported 24% of African-Americans, and 15% of Latino men with AIDS were infected through homosexual contact, but indicated they were heterosexual. These numbers were higher than their white counterparts.²³ Perhaps, the sexual “confusion” is because of the negative AIDS stigmatization and homophobia that African-American and Latino gay men face in their communities or the direct reason for the increase. Maybe the AIDS increase is due to bisexual transmission

²⁰ “Opening Remarks: Donna Shalala Ph.D., Secretary of Health and Human Services” *John Hopkins University*, Internet, available from http://www.hopkins-aids.edu/afam/afam_hilites/afam_1.html (accessed 10 March 2006).

²¹ “Racial Shift: need for Better Prevention and care.” *AIDS Action*, Internet, available from <http://www.thebody.com/content/art33657.html> (accessed 10 March 2006).

²² Ibid.

²³ Ibid.

of HIV/AIDS from men to women resulting from the down low syndrome, where gay and bisexual men hide or do not openly express their sexuality.

Since the early 1990's, HIV/AIDS has increasingly impacted the African-American community. The increase in HIV/AIDS in the African American community resulted in the rise of national conferences on African Americans and AIDS. The Congressional Black Caucus also sought funding for education for HIV/AIDS prevention. One organizational activity that developed from the Congressional Black Caucus funding was the Harlem Week of Prayer for AIDS Day begun by The Balm in Gilead in New York City.

However, the weak link of AIDS activism in the African American community has been the systemic failure of the African American Church and its inability to speak consistently to the problems resulting in solutions for HIV/AIDS prevention by its leadership. Although the African American Church has been slothful in responding to the HIV/AIDS crisis, a few at most, have made an effort to challenge the HIV/AIDS epidemic in New York and New Jersey.

CHAPTER TWO

SEMI-AUTOBIOGRAPHICAL SKETCH: MY AIDS AWARENESS

The following semi-autobiographical sketch provides insight into my selection of the HIV/AIDS crisis as a topic for my Doctorate in Ministry Demonstration Project. This semi-autobiographical sketch will provide the following: First, how my Christian and masculine identity was formed and ultimately how it operated during the impending AIDS crisis; second, how both of these identities helped to form my Liberal – Leftist worldview and my political identity; and last, this chapter will discuss the various theories behind the slow response of the African-American Church and community to the AIDS crisis.

The death of family, friends and church members from HIV complications and AIDS provides additional social and intellectual insight and the foundational experiences of my analysis. These foundational experiences (rooted in violence, race, class, gender, sex and death) are the reasons why I selected AIDS awareness as a Demonstration Project. The critical point to remember is the reader cannot understand my reasons for selecting AIDS as a Demonstration Project strategy unless the reader comprehends my personal and institutional experiences as a heterosexual African-American man.

THE SOCIAL CONSTRUCTION OF MY BLACK MASCULINITY

Prior to 1977, my earliest memories of male-female interactions were the physical confrontations between my parents and aunts and uncles. My mother would often defend herself against my father's attacks and my aunt Mattie (my father's sister) and Great Aunt Wrazzie (my mother's aunt) would leave their families and come to the house to instill peace. Another observation was watching my aunt and uncle's physical confrontations at 34 Hoosick Street, in Troy, New York. I witnessed these confrontations between the ages of three and five while living in inner city Troy, New York. These experiences provided the initial seeds of my anti – violence, anti-war, anti-imperialism attitudes, and the social and political support for the liberation of Black women and men. From these domestic experiences, I developed an intentional quest to construct a socially conscious and healthy black masculine identity.

After moving from the inner city to a housing project in a suburban residential area, family stability occurred resulting from the absence of my father. During these days I would listen to my mother, aunts, and their female friends sitting around the living room drinking (before my mother found Jesus Christ) and sharing “war” stories of how they defended themselves against male physical attacks. My mother often repeated to family and friends the potential implications for continuing in a violent marriage would have been her killing my father or my father killing her. Therefore, to have a healthy family life their separation was necessary and required. These war stories moments were not only serious, but often humorous, fun, and enlightening. As I sat there listening to them, laughing at their laughter, my intrigue and interest in the consciousness of Black

women's struggles grew. Often the various women and relatives who visited our new dwellings were single working women who had lost their husbands for one reason or another. My mother was 24 years old, separated, and raising four children. My aunt Mattie was 30, widowed and raising five girls and my great aunt Wrazzie was divorced.

African-American women raising families alone have a long tradition in African American households dating back to slavery. My Great, Great Grandfather Methuselah Malloy would pass away 40 years before his wife Olivia Malloy (died 1950), who was left alone to raise four children and grandchildren. My Great grandmother Ella Martin Malloy would outlive her husband Murray Malloy, and raise five of her children and two grandchildren fifty years after Murray's death before she passed away in 1980. My Great, Great Grandmother Rose Bethca Martin outlived her husband, Spencer Martin by twenty five years before her death in the mid – 1930's. Historically, these examples were not uncommon in African-American households, and presently, may be the norm in Black life today. More importantly, they illustrate the ability of African-American women to support their families and develop strong healthy children. These experiences clearly demonstrate there was nothing weak about the majority of African-American women to guide direct and influence their families as leaders in the household structures. The death of their husbands forced these women into roles of economic independence which was neither a choice, nor a luxury, but a requirement for family survival.

Before 1968, my mother worked in a soap factory and in other northern industries as well as in southern tobacco fields in North Carolina. However, in 1967 my mother went back to school and graduated from a nursing program and worked as a license and registered nurse beginning in 1968. This nursing program was a part of President

Lyndon Johnson's anti-poverty program where women were able to take advantage of entering special programs to help them find jobs. Graduating from this program enabled White and Black working class women to support their families. Observing my mother study math and other subjects in 1967 and 1968 and entering the nursing profession was a proud moment. By 1972, my mother was singing, discussing and praising along with her mostly white working colleagues the highly popular Helen Reddy song "I am women". This song reflected their march toward financial independence and survival.

Growing up in the 1970's during the Black Power and Women's Liberation Movement, and listening to African-American women discuss their desire to live free of the violence and the oppressive negative male attitudes and behaviors would help shape my masculinity. A portion of my masculinity development was greatly influenced by my mother's teachings on how men should or should not act towards women.

The importance of observing African-American male and female interactions has shaped my future belief system in the following ways: it increased my support of liberation movements; and the belief that inflicting pain on any person is wrong and healing a person's pain is among the greatest personal traits. Finally, any behavior which leads to the oppression, degradation, and the humiliation of another human being is wrong and should be rectified and reconciled. These social and ethical values would be the underlying bases of my future social and intellectual development.

PRE-TEEN MASCULINE PERSPECTIVE OF BLACK MASCULINITY

My initial experiences of masculine identity originated from witnessing negative violent men. Although my father in later years had discussed with me examples of

positive interactions between my mother, himself and his children, these specific "family" memories were neither remembered nor recalled. My father did love his children and individual moments of father-son interactions did occur sporadically. However, excluding my father, other masculine relationships existed that were consistently positive, loving, affirming and the ideal model of masculinity.

My memories of African-American males were set within the social and historical context of the 1960's and the 1970's. My uncles and older male relatives were wearing Afro's and dashikis (African type dress) and driving down the street giving the Black power salute to other Black males. By grade six, I was sporting an Afro and mimicking the behavior of my macho uncle Archie. My uncle Archie was often in conflict with the Troy police establishment and court system. However, my uncle Archie regularly visited my mother (his sister) in his role as protector of his nieces and nephews from the suburban white society. My uncle could not provide material support but his presence exposed me to black "macho" thinking and behavior. His racial consciousness and "machismo" was often anti-establishment. Yet, I was unable to comprehend the rationale for his "anti" establishment attitudes until I realized his difficulty in obtaining employment as well as the death of his best friend in a police car chase. My uncle who was pro-black had a sense of humor, loved music, and loved his children and his extended family.

Another example of black male masculinity would come from my uncle Allen who often baby sat us while my mother worked. My uncle was a warm, loving, macho guy. He often shared stories of our Great Uncle Jimmy being a "bad" dude, which usually meant "rough and tough" in typical southern male tradition. My analysis of this meant

someone who was hardened by the southern system but protector of his family. Many stories have been passed down over the decades about Uncle Jimmy giving warnings to my father about crossing the line of physical violence. Uncle Jimmy threatened to kill my father and since it was rumored that he had taken another man's life in Durham, North Carolina before fleeing north to Albany, New York, my father took his threats seriously and often passed him "a buck or two" for his "counseling". My uncle Jimmy was somewhat tall, slender with a strong build who worked in both a dry cleaners and automobiles shops. My uncle Allen mimicked his father's toughness and followed in the southern image of males in the Malloy tradition. One thing was clear; we had an extended family of rough southern bred men.

Over the years, I realized a common trend surfaced among the Malloy males. They had inherited the rough or anger side of their father or grandfather Murray Malloy. My Great Grandmother, Ella Martin Malloy, along her daughter Wrazzie had often discussed how "mean" Murray was, although Ella would often state how my aunt Wrazzie often provoked or aggravated him. Although Ella had mentioned to my mother the time she threw an iron cooking pan at Murray in response to something he had said.

However, a few words about my Great Grandfather Murray Malloy. He had married his wife Ella after traveling from Marlboro to Dillon, South Carolina to take her away from her daddy Spencer Martin when she was only 15 years of age. Murray worked hard as a tenant farmer and sharecropper living, traveling and working along the South and North Carolina border. He worked ex-plantation farmlands and towns such as Clio, Monroe, Bethune, Marion, Dillon, Red Springs, Lumber Bridge, Wagram and Sanford, North Carolina. Murray's work as a tenant farmer and sharecropper was difficult and he

supported seven children from their birth until his death in 1930. The biggest blow to his manhood and livelihood was the 28 acres of land he owned that was taken from him under the sharecropping system. Under this system, there were no legal grievances or means to address the systematic injustice of an unequal exchange without being killed. The area of Robeson and Scotland counties were the epicenter of Klu Klux Klan activity and to bring legal action to obtain his stolen land would have been a matter of life or death. Murray's death in June of 1930 was of strange circumstances where he allegedly fell off a horse and carriage although he was an expert horse trainer.

My Great Grandfather's anger oftentimes was never placed in the historical and social - agricultural context of the times. He talked was merely of his "meanness" by some of his children while other children found him warm and loving. Yet, there were never any negative discussions of his ability to provide for his family during these migratory periods of farming. He provided for his family under extremely harsh social conditions and one thing is clear no-one ever mentioned any systematic mistreatment of him towards his wife.

While growing up, I unconsciously began to imitate these various masculine identities by acting out their personalities in various forms. On numerous occasions I had put together an "interracial football gang" which operated as an informal social group of close friends that roamed the projects pulling pre-adolescent pranks. We knocked on doors at night and ran, called pizza places to specific apartments and as the pizza delivery person knocked on the "so called customers" doors, and we liberated the remaining pies in back of their car ovens and ran into woods and eat our dinner. As a fourth grader these activities were fun and subversive and often full of high drama and tension. One day,

after basketball practice, we were hungry and had no money. I led the way breaking into the school's winter showcase and ate the gingerbread house and gingerbread people the students made for the Carroll Hill elementary schools parent-teacher conference. The next day over the loud speaker the principle Mildred Baker called out several names and labeled us – The Chicago seven. The Chicago Seven was a group of activist charged with leading a riot during the 1968 democratic convention. However, calling my best friends and I, the Chicago Seven was stated in a tone of negativity.

On another occasion, my other peer group was an informal gang of older African American teenagers led by a close friend named Jessie. One evening, as we were heading to Sacred Heart School to play basketball, a police car pulled along side of the group and an officer yelled "Ricky Boyd" and motioned me to his passenger side of the vehicle. He was curious to know where I was going. He demanded that I stay out of trouble and told me that he knew my mother and that she took care of him while he was sick in the hospital. He told me that he promised my mom that he would be watching me and then he shook my hand and said good-bye. Upon my return home I approached my mother about this officer and she added valuable information. The officer had watched me play Little League baseball in South Troy and basketball in the neighborhood and was informed about the ginger bread incident which he and my mother found funny. My knowledge of having a police officer pay debt to my mom by looking out for me as I roamed the neighborhood was the counter force which shut the door on some of my pre-adolescent pranks. On the other hand, I also manifested positive behaviors while in elementary school. As a fifth grader, I found myself protecting a very mouthy, short, skinny Greek girl named Corin. She was constantly trash talking and aggravating a tall heavy-set polish

girl name Janet. Ironically, defending Corin from attacks from various females and males seemed to be a daily responsibility.

After interacting with various masculine identities, two other images of masculinity would enter my life. My step father, Esau Danzy and a family friend named Sylvester Huggins; both family men would have a long lasting positive impact on my masculinity. Esau entered my life when I was 13 years of age and during a time of a family emotional crisis in 1973. Esau was separated from his wife, and eventually married my mother in 1978. He was not an aggressive, hostile, nor angry Black man but a gentle, caring, loving man who showed his love towards our family. He loved my mother unconditionally and we loved him. His three children and my siblings acted like brothers and sisters with no hostility or conflict. My love for him grew based upon his treatment of my mother and our family. He was actually the first African-American male I could openly and honestly say that I loved.

My love for Esau was emotionally greater than my love for my natural father. For twenty-five years, he was an example of positive masculinity as illustrated in his loving and affirming relationships with family, friends and church. Esau was born in South Carolina and came north in mid-1950's and worked two or three jobs constantly until his death in 1998. At his service at St. John's Church of God in Christ the obituary listed his natural siblings and my brother and sisters as his children. My disappointment with the pastor leading the service was almost all the speakers mentioned his ability to cook and missed discussing his other amazing qualities as mentioned above. Esau and our family attended Bethel Church of God in Christ together where he was a deacon and always a part of helping the church raise money. Esau provided the positive dynamic male and

female relationship within our family that would be the norm over the next twenty-five years.

Likewise, another positive masculine identity was our family friend Sylvester Huggins whom we have known since 1966. Sylvester was a high school football star at Mont Pleasant in Schenectady and an assistant football coach at the area high school. He would be instrumental in helping my mother, Esau and our family move from Troy to Schenectady, New York. He was instrumental in introducing my brother and me to the football, baseball and basketball coach before we actually attended Mont Pleasant. Sylvester offered counseling during my teenage years was instrumental in helping me sort out adolescent and young adult masculine crisis. He helped me obtain summer employment and he often provided social, emotional, and financial support people in the community. My family had known Sylvester over 30 years before his passed away in 1998. Sylvester was a deacon and choir member in his church (Mt. Olivet Missionary Baptist Church) and the people who spoke at his funeral represented his wonderful life as a Black masculine Christian male whose service to helping people never went un-noticed. The irony was that Esau and Sylvester, two males that consistently stayed in our lives the longest, died within six weeks of each other. Sylvester passed away in mid- September and Esau in early November of 1998. Both men were hard working, family loving, proud and non-aggressive whose behaviors counter the masculine images I had witnessed as a pre-teen. Their deaths were tragic but contributed positively to my understanding of masculinity and its positive or negative impact on behavior and actions. One such understanding is there are various types of Black masculine models and these models may have negative or positive consequences.

THE FORMATION OF MY CHRISTIAN SOCIAL IDENTITY

My family's Christian values, beliefs, and principles go back over 150 years to my Great, Great Grandmother, Rose Bethea born into slavery, in Harleesville Township (now Little Rock) in upper Dillon, County, South Carolina in 1846. Rose was born on a Bethea plantation in Harleesville Township. An important part of the Slave master's social control on the Bethea plantation was ensuring their slaves had religious instructions. Rose married Spencer Martin, had a daughter Ella Martin (Great Grandmother) who eventually married Murray Malloy who exposed her to the Black Baptist tradition of his father a Black Baptist minister named Methuselah Malloy. However, in the late 1920's Ella and her husband Murray moved to Sanford, North Carolina and ultimately joined the Mt. Sinai United Holiness Church.

My mother was exposed to the Pentecostal–Holiness tradition from her religious experiences at Mt. Sinai Holiness Church. My mother's religious socialization was deeply influenced by her grandmother Ella Martin–Malloy, especially her skills as a piano player. My mother would sing traditional Methodist and Baptist songs as well as transforming these songs into the newer beats in the Pentecostal uplifting style. These songs not only gave her spiritual strength but these songs uplifted me. I often would know how she felt emotionally by the songs she would sing and there were many occasions where I tiptoed to the edge of the stairs and secretly listened to her sing. Thus, I knew God's spirit before I met Jesus Christ.

My mother, along with all six of Ella Malloy's children (my Great Aunts and Uncles) came north between 1945 and 1955, and settled in Baltimore, Maryland, Bridgeport, Connecticut, New York City, and in Albany, New York. They were a part of

the second great Black migration of African-Americans from the south to northern cities in the 1940's thru the 1970's. As African-Americans migrated north their Black religious experiences traveled with them.

BETHEL CHURCH, RELIGIOUS TRAINING AND THE INSTITUTIONALIZATION OF BLACK MASCULINE VALUES

In 1977, as a sophomore in high school, my mother and I began attending and ultimately joined Bethel Church of God in Christ (COGIC). The church was located in Hamilton Hill, a poor Black inner city neighborhood in Schenectady, New York. The church's membership was comprised of first and second-generation "Holiness" Pentecostal Christians that migrated from the south and now lived in the north. The membership at Bethel COGIC comprised of mostly elderly women, widows, young single women with children, the disabled and military personnel. The church also had its share of prostitutes, addicts, and homosexual acting men and women.

However, the church provided both a natural and divine sense of security and comfort. The security manifested itself in hearing testimony service, Sunday school stories, and people discussing the goodness and greatness of God in the midst of difficult times. My attraction to the institutional church was related to the way they celebrated God, life, and the living. This example of treating people with respect and dignity would often clash with the oppressive theological perspectives of those representing and articulating the church's institutional values. Part of the problem was the interpretation of the scripture and the other part was the policy of refusing to ordain women.

At Bethel, the church's elderly mothers were emotionally nurturing, socially supportive and occasionally offered material support towards our family. This was critically important for my mother, a divorced single working woman raising four children on her own. This fellowship community provided a sense of security, love, and spiritual nurturance. The witnessing of Christ in people provided the basis for my love for God and the church. However, the church often preached and expressed love while simultaneously humiliating some of its membership.

After joining the institutional church in 1977, I witnessed how Black masculinity was highly valued in comparison to the larger society. I enjoyed the support the church gave in developing strong masculine identities of men, teenagers, and young boys. The church encouraged the healthy development of Black males. The positive aspects of joining the institutional church was the witnessing of important leadership and social roles that Black males occupied. Men occupied roles as bishops, pastors, ministers, evangelist, and deacons. During our district meetings, men were required to occupy the front of the church due to their titles and other times simply because we were men. This reality of masculinity having a prominent place in the institutional life of many churches was systematic and intentional for over a century.

Historically, the desire to develop strong masculine identities and leadership in the church and home was clearly a reaction to the oppressive treatment of black males in the larger society. This oppressive treatment manifested itself during slavery, sharecropping, tenant farming, segregation laws, and white supremacy. The humiliation of African-American males in society was countered in the life of the church where Black men found comfort, support, security and affirmation of their manhood.

I observed males in the institutional church being groomed to lead their families in a positive manner as fathers, husbands and community leaders. The men within African-American churches developed a non-aggressive (yet assertive) bond and affirmed one another in a loving, caring and supportive manner. Young males, like me were groomed for leadership, public speaking, and the applications of living a healthy Christian life. Whenever I attended a district meeting in Albany or Schenectady, the local superintendent or youth crusade leader would select five males from the audience to speak in front of the church. However no one knew the scripture until ten to fifteen minutes. This intellectual exercise was a positive example of spiritual and social development. This unplanned tacit played a pivotal role in my development as a public speaker at anti-war and anti-racism rallies.

Another example of masculinity being highly valued within the Church was shown when male ministers were “appointed” over women that initiated missions work or women that started small congregations. This was considered normal in the Pentecostal church and still exists today. In this particular denomination only men could be ordained thus women had to surrender these missions “voluntarily”. Many churches used scripture to justify their position on male only leadership. Often because the original twelve disciples chosen by Jesus were male therefore women were not a part of his ordained ministry. This is just one the examples of masculine values of men over women but not the only example.

Some pastors intentionally placed men in visible positions and gave them major place within the institution to strategically enhance the black male self-esteem. The social ideology is to develop Black male leadership since the larger white society had

fostered anti-black masculine perspectives. The Black church is one of the few places where Black men can congregate and share stories of pain, disappointment and encourage one another. Black males have found spiritual, emotional and social support and fellowship among men. My respect for churches that foster such values is tremendous and commendable so long as Black girls, teenagers and women have equal opportunity for development. Many African American women understood the state of the black male in America and cherished any leader that promoted and provided opportunity for developing healthy Black males. Black women with young male children comprehended the critical importance in developing ministries to increase African-Americans male membership before the prison system, drug addiction, and death reached them first.

Although the church's role in the development of African-American males has been positive, there have been some aspects that have been perceived as anti-women. It is advisable that the African-American church place a high value on both masculine and feminine development. The balancing act is to cherish both equally and provide positive training and development in order to build a political and financially strong African-American community.

PENTECOSTALISM: THE INSITUATIONIZATION OF WOMEN SUBORDINATION

As I praise the African American church for its work with Black males of all ages and economic backgrounds, I likewise must be critical of its systematic subordination of women in positions of leadership. My first experience of women subordination to male authority was a sermon preached by a Bishop from western New York where he stated

the natural relationship between male and female in these terms: “God made man for God and woman for man.” He attached the male and female relationship to divine order to justify subordination of woman in the church and family. This articulation of the woman’s place in the divine relationship was in direct conflict with my experiences of women in my extended family. His understanding would place my mother and other women outside the divine order if they were leaders in their family or the church.

Moreover this theology of God-male-female hierarchy as the divine order in the church and family social structure has negative psychological implications for young males and females. My witnessing of the oppression of women inside the church at times was equal to the oppression of women outside the church. The critical difference was gender oppression in my “secular” life had taken the form of physical violence but inside the institutional church gender oppression manifested itself in psychological violence inflicting damage on the woman’s self esteem. This psychological violence occurred when women were exposed to negative anti-women sermons causing humiliation and emotional damage. Over the years, I concluded there are two things that are the most oppressive in the African-American community: one, an angry violent Black male who is destructive to the family structure; two, an apolitical socially insensitive Black pastor that uses the scripture to justify oppression and manipulation of their congregation. However, over time my pastor and I were increasingly in conflict over the roles of women in the ministry.

Eventually, I went away to college and as a freshman and attended a COGIC church as well as a Church of God of Prophecy; both churches had women as Pastors. Both of these women were widowed wives of Pastors and had taken over the

congregation after their husband's death. Unfortunately, many male clergy and some male members developed resentment of a woman in pastoral leadership. The Church of God in Christ, like many Black Baptist and independent Pentecostal churches has taken a firm policy against the ordination of women in the ministry. The official COGIC manual prevents the ordination of women and its justification is found in the following scriptures. The qualifications of Elders, Bishops and Pastors are found in I Tim. 3:2-7 and Titus 1:6-9 that give clear support to males being the only persons to be ordained in the ministry.¹

The African-American church is politically strong in supporting issues of social justice and racial equality but weak politically in supporting gender equality. The African-American church has a less than positive, if not neutral perspective and acceptance of gender inequality. Prior to my joining the institutional church my exposures to social ideologies linking inferiority to female gender roles were non-existent, nor did I hear any male articulating the inferiority of women. In conclusion, the positive effects of hearing women share their stories of overcoming oppression have allowed me to accept the reality that women can play in their families and the church. Women were not the only group that has been excluded from historically black churches.

AIDS, GAY REJECTION BY BLACK RELIGIOUS INSTITUTIONS

Within the historic Black religious institutions there a consensus on one issue: only heterosexual and not homosexual masculinity is accepted in the African-American church. Thus, homosexuality as a lifestyle is neither openly recognized nor overtly

¹ *Church of God In Christ Official Manual* (Memphis: Church of God In Christ Publishing House, 1973), 146.

supported in the majority of Black churches and any pastor that openly advocates homosexuality as normative faces excommunication, alienation and exclusion from their local or denominational bodies.

However, growing up there were very little anti-gay thoughts and feelings towards gay relatives and friends in my extended family. However, there were often open discussions on my cousin sexuality. Every family member was acutely aware that he was Gay. The extended family treated him with love, respect and admiration for him as a person. Our family's acceptance of his social behavior was not necessary an open acceptance of homosexuality but a commentary that social rejection would not extend to the family. Our internal family model was blood is thicker than water and accepting any external criticism of his sexuality would neither be tolerated nor accepted.

Before entering the church I had no ideological or philosophical basis for supporting or not supporting homosexuality. The reality is every family faces three choices: one, being critical of a homosexual family member and demonstrating ridicule, harsh judgment and isolation; two, loving the person and despite hating the lifestyle (homosexuality); and finally, affirming and fully supporting their gay lifestyle. Unequivocally, all church members and pastors have faced these choices, particularly if their sons, daughters, siblings and parents have openly expressed their gay lifestyle. Consequently, the church's teachings of "hate the sin" and "love the sinner" is applicable for some churches while other church members oftentimes hates the sinner and the sin. Yet, a Christian family that affirms their love and affection for the "blood" who articulates their gay lifestyle is unable to separate the two. Thus, the family's love for their "blood" is now potentially in direct conflict with their love for the "water" since the

only relevant and legitimate masculine role in the Black church is heterosexual. The church makes it clear that there is a biblical bases that homosexuality is a sin and an abomination before God. The acceptances of gay lifestyle are in direct conflict with church teachings and removal from leadership positions is the consequence.

AIDS HYSTERIA AND MINISTRY: PASSIVE AND OVERT ACCEPTANCE MODELS ON THE GAY LIFESTYLE IN THE BLACK CHURCH

Ironically, here lies the problem: many churches teach on the sinfulness of homosexuality but allow gays, lesbians, and bisexuals to operate in ministry capacities as choir members, directors, deacons, and musicians so long as they are quiet regarding their sexuality this is a spiritual form of President Clinton's military policy "don't ask don't tell" approach to homosexuality in the church. This attitude and behavior is what I label as passive acceptance of homosexuality or at best a tolerance of this lifestyle. This passive acceptance has two set of values operating in conflict: homosexuality is sinful and the acceptance of gay members in certain positions as long as they are quiet about their sexuality. Pastors that operate from this passive acceptance model affirm the sinfulness of homosexuality, but allow gay persons to hold church offices are operating from a contradictory set of spiritual values. A pastor who agrees verbally that homosexuality is a sin but aware of the person's gay lifestyle and allows them to perform critical leadership positions is pastor in spiritual and intellectual crisis. My witnessing this type of schizophrenia is hypocritical. It is in my opinion that this type of schizophrenia is misleading to the congregation of the pastor's true feelings and perspectives.

The overt acceptance model is a pastor who openly affirms the gay lifestyle. There are a few African-American churches that openly accept gays and lesbians to their congregation. The classic example is Rev. James Forges of Riverside Church in Manhattan and Jeremiah Wright of Trinity Church of Christ in Chicago, Illinois.

Ultimately, this reality begs the question why do some church leadership operate in this schizophrenic mindset? My theory is some pastors believe a homosexual person will change therefore the church is the most appropriate place for a sinful people. Also, some pastors may believe they do not have the right to remove a person from God's church and only God can deal with a personal lifestyle. Another reason is some pastors are acutely aware that gay and lesbian persons operate in the church but the financial "blessings" they provide is enough to passively turn the other cheek. Other pastors would never preach against homosexuality because this would alienate "Black gay money". Finally, a growing number of pastors realize and believe the biological and scientific theories supporting homosexuality have legitimacy, but will not openly express this for fear of losing their congregation or assignment.

Many would argue the reasons why African-American pastors do not openly support the homosexual lifestyle. One reason is the fear of being alienated and removed from leadership. The second reason is the fear of ridicule and the loss of respect from their peers. Another reason is pastors that believe the argument that there are biological or scientific reasons for homosexuality is in some way an acceptance that God's design is flawed – and no pastor wants to be labeled as a heretic. Some pastors recognize openly supporting gay and lesbians would create a massive membership exodus from their church resulting in the loss of members and money. Finally there are some pastors that do

not openly accept homosexuality because they believe without reservation the biblical basis that it is a sin.

The discussion of the church's position on homosexuality in this project is important before we can dive into a deeper discussion on AIDS and AIDS ministry. Before the impending AIDS crisis, I often heard sermons on homosexuality that appealed to people to change their lifestyle. However, after the AIDS crisis the consistency and tone of the sermons became angry, vicious, and personal. As the medical and scientific community began to spread the fallacy that AIDS was a white gay male disease and the church refusal to talk about it, this idea penetrated the thinking of the Black community. Consequently, African-Americans (straight and gay) bought into this false premise and the disease spread rapidly through the African-American community.

Moreover, as AIDS began to increase quickly in the Black community both Black gay and bi-sexual men were the primary targets of this AIDS crisis. As stories surfaced of African-American women contracting AIDS from bi-sexual men anger occurred. This sense of betrayal that some women felt regarding the lack of truthfulness of their loved ones added to the attack of gay and bisexual men, the anger over AIDS, and introduction of the term commonly referred to as the down low syndrome in the black community. The down low syndrome is a man that does not express his true sexual preferences is secretly intimate with both gay men and heterosexual women. The down low syndrome is the product of the larger African-American community being critical of homosexuality as well as the black church and the community's anti-gay position. These realities drive Black gays into the closet and bisexual men into living a dual lifestyle and have contributed to the rapid spread of AIDS. It is clear from the statistical data that hi-

sexuality has enhanced the spread of AIDS in the Black heterosexual and gay community.

The passive and quiet social acceptance of homosexuality for some churches naturally led to a quiet and passive social acceptance in the spread of AIDS. The logical connection is that churches have not genuinely accepted the fight against AIDS due to making more judgments of how AIDS was contracted. AIDS being contracted by a Black gay or bisexual person is sinful and little support and sympathy exist towards this "sinful" means of contracting this disease.

On the other hand, the overt rejection of homosexuality has not increased nor has the Black church acceptance of heterosexual men and women contracting AIDS increased the churches fight against AIDS. The common denominator is the church community has related the contraction AIDS by both hetero and homosexuals to some type of immoral or "sinful" action – homosexuality, bi-sexuality, intravenous drug users, or infidelity to name a few. Consequently, it is not surprising the first churches that led the attack against the AIDS epidemic were churches and ministries led by African American women and influential gay men in the local community. One of the tragic realities I have noticed is that the majority of African-American churches have no AIDS ministry and those that do are struggling. In this day and age, an AIDS ministry should be a critical part of every church's outreach program simply due to the largest group of people suffering from AIDS are African-American women who make up the majority of the church's membership. It's ironic, that the very people (black women and gays) that need and wants to be involved in the church the most are the ones that are excluded.

THE RHETORIC OF SOCIAL JUSTICE AND THE ROOTS OF MY RACIAL AND SOCIAL CONSCIOUSNESS

The roots of my racial consciousness began in the mid – 1960’s during the time I was living in a predominately white housing project. My first experience of racism was being called “nigger” in the first grade, watching the 1968 presidential election with my mother and discussing George Wallace, hearing racial stories about my family’s southern experiences, and watching the Boston housing crisis on the nightly news. I also remember at the announcement of the assassination of Martin Luther King, my cousin Nina yelling the “white people” killed Martin Luther King.

My response to racism was singing songs of affirmation such as the James Brown’s 1968 famous recording, “Say it loud, I’m black and I’m proud”² and the formation of a solidarity group of African-American kids living in this environment allowed us to control our social environment. I was too young to recognize that there was an historical and material basis to racism especially living in a community where whites and blacks resided together. In the summer of 1974, we moved from a predominately white working class housing project to an inner city urban neighborhood called Hamilton Hill in Schenectady, New York. The Hamilton Hill section was comprised largely of African-Americans that worked at General Electric. However, I began to recognize the material basis for racism due to the segregation of the Black inner city population from the middle class Italian and Polish community living in the Mont Pleasant.

The African-American churches provided the main social and spiritual support for blacks migrating to the northern cities and played a significant role in the life of the

² James Brown, “*Say it loud, I’m Black and I’m proud,*” performed by James Brown, King records, 1968.

community. However, in my immediate neighborhood there was not enough of the Black population during the 1960's and 1970's to have an African American church.

In 1974, the roots of my liberal racial consciousness began in the Sunday morning services of churches I attended that discussed the philosophy of Dr. Martin Luther King and social injustices. During these church services I often heard speeches about racial reconciliation and economic equality that increased my awareness of African-American struggles. In the spring of 1975, my first official MLK celebration was at Refreshing Springs. The event was an interracial ensemble comprised of gospel choirs, public dignitaries, and city officials. The event was filled with speeches on peaceful co-existences and racial harmony.

Often Black clergy from the south would personally share their southern experiences of being called "boy" and developing a sense of inferiority under segregation and appreciated King's attack and defeat of this system. Between 1975 and 1979, my Black political Christian identity was shaped and inspired by listening to the Reverend Jesse Jackson political sermons. Jesse Jackson mixed the best of macho Black masculine activism by combining elements of Black power, social consciousness and the Christian faith. My Christian perspective was influenced by Jesse Jackson rhetoric of "I am somebody". This influenced and affirmed my racial identity and inspired my sense of Black nationalistic thought. I heard a sermon where Jesse Jackson repeated these words and his personal passion of combining faith, politics with style and intellect greatly impressed me. It began to politically radicalize my religious identity and influence my study of the Bible. I began challenging the pastor of my church with questions about Jesus' Blackness and our identity as Christians.

In the fall of 1978, another African-American female student and I organized a student protest. We would host a class "walk out" where all the black students would leave their classes and meet in the cafeteria to voice their grievances. The rationale for the protest was due to years of Black females being cut from the cheerleading try-outs, the lack of Black teachers and staff, no black coaches, and the unfair treatment of Black varsity football players. This was my first organized protest although not my last protest against institutional racism and the exclusion of Black students from the learning process. My last year in high school and my first year in college would continue my personal mission of participating in social protests against institutional racism.

BINGHAMTON UNIVERSITY: THE FORMATION OF MY LIBERAL-LEFT CONSCIOUSNESS

One of my first social protest experiences as a college freshman in 1979 was participating in a demonstration against the athletic department and the university as a whole. We marched together to the University gymnasium during a college basketball game and held up signs in the audiences with anti-racist slogans. Our focus of this protest was against the systematic exclusion of African-Americans from critical learning positions such as the lack of Black faculty and a racist athletic department.

The leaders of the Black Student Union were senior African American and Afro - Latino students from New York City who were influenced by radical New York City politics. Many of these students brought their social and political clash with Jewish merchants from the inner city New York to the Binghamton campus. Blacks on the

Binghamton campus represented 2% of the population while the Jewish population represented over 50%.

Academically, I was attracted to the African, African-American, and Sociology courses and the liberal-leftist intellectuals who taught these classes. I enjoyed reading, studying and discussing national and international social and revolutionary struggles of oppressed people. The classes that made the biggest initial impact on my social consciousness were Racial Stratification in the United States, The Concept of Race in Western Thought, Social Change in the 20th Century U.S., and Social Change 20th Century World. These classes along with reading books by Walter Rodney, Manning Marable, Malcolm X, Stokely Carmichael, Bell Hooks, Harold Cruse, Herbert Marcuse, Anne Moody, Paul Robeson, Richard Wright, Emmanuel Wallerstein's World System approach, and books by James Geschwender helped me analyze race, class, and gender oppression.³ Having hours of discussions with Angela Davis, Stokely Carmichael and Ishmael Reed in the Black Student Union helped revolutionize and nurture my quest for more critical social analysis.⁴ Thus, by 1983 a liberal-leftist intellectual identity had developed resulting from the intellectual environment of the university, analyzing my family social and historical experiences, and organizing protests against the Reagan

³ Walter Rodney, *How Europe Underdeveloped Africa*; Manning Marable, *How Capitalism Underdeveloped Black America*; Alex Haley, *The Autobiography of Malcolm X*; Paul Robeson, *Here I Stand*; Richard Wright, *American Hunger*; Stokely Carmichael, *Black Power*; Herbert Marcuse, *One Dimension Man: studies in the Ideology of Advanced Industrial Society*; Frantz Fanon, *The Wretched of the Earth*; James Geschwender, *Racial Stratification in America*; Anne Moody, *Coming of Age in Mississippi*; C. Wright Mills, *The Power Elite*.

⁴ Outside of their lectures Davis and Reed gave informal discussion in the Black Student Union office. However, after Stokely Carmichael lectured he shared hours of time fielding questions, debating ideas in the Black Student Union office. We eventually moved the informal forum off-campus at an Ethiopian graduate student's home. The all night into the morning discussions on Pan-African philosophy, Cuba, Ghana, Ethiopia and Eritrea, African National Congress, Grenada, but no discussion on AIDS as a medical, racial and Pan-African concern. The focus centered on the Reagan administration intentional destabilization policies and politics towards the Third World and communities of color in the United States but no social or political discussion on AIDS.

Administration.

Outside of the classroom, I was offered an invitation to join two study and struggle groups. One group comprised of leftist intellectual graduate students interested in organizing demonstrations against the Reagan Administration's anti-third world policies in Africa, Asia and Latin America. The other organization led by a leftist African-American professor was a Pan-African group interested in the social, political, and economic condition of people of African descent. I not only joined the groups, I studied, learned, organized, and mobilized people for demonstrations within both groups. During these sessions AIDS was neither an issue nor a major rallying point although by 1983 AIDS was a household name. Surprisingly, Blacks and Latinos saw AIDS as a conspiracy by the Reagan administration to destabilize communities of color.

During my undergraduate years, my social community consisted of four groups. The first group was members of the Black Student Union who had a strong anti-racist perspective. Within the Black Student Union was an underground group of radical students called the Pan-Africans. The second group was a Black women's group that emerged in 1982 – 1983. This group focused on Black women's issues and concerns within the Black Student Union. The third group was leftist graduate students from different international countries from the Sociology department. This group had a strong international analysis on race, class, anti-gay, and working class struggles. The fourth group was a group of African-American Christians whose political involvements were limited only to anti-Apartheid (divestment) demonstrations.

My popularity among Blacks, Latinos, and the African-American Christian community enabled me to be elected to several prominent positions in the student body:

such as, co-chair of the Newing Cultural Awareness committee, the President of the Black Student Union (BSU) in 1983, and a co-chair of the Southern African committee in 1985. 1979 thru 1985 was a period of intellectual growth, activism, and involvement in organizing and participating in social protest and political demonstrations.

STUDENT LEADERSHIP, POLITICS AND AIDS

In 1983, I was elected as President of the Black Student Union (BSU). Immediately following the election, a woman from the Gay and Lesbian caucus approached me requesting a meeting. She shared her personal pain of isolation, gay violence and AIDS and we agreed to work together on different political issues affecting both our groups. I invited her to speak at the Black Student Union general assembly meeting. She discussed her fears of “coming out”, AIDS, gay violence and personal pain. It was a successful meeting and when she left no one had been critical of either her speech nor her desire to work with our organization on political interests and issues. This was the first time in history that our organization had collaborated with another group outside of the Black and Latino community to bring awareness of AIDS and homophobia.

I found it odd that neither the progressive heterosexual nor the gay community was speaking-out about AIDS in the black community. By 1983, AIDS was a household name but no critical mass of protest or awareness on campus was occurring. This was probably due to the fear of being associated with the disease and/or being gay. When the topic did come up, it was usually in the Black Christian community and it was most often in the context of AIDS being God’s retribution on homosexuals. Barely did we discuss

the “others” affected by AIDS.

The idea of that homosexuality is a sin was a biblical teaching that was taught in most Christian Sunday-schools. However, Churches soon began to teach that AIDS was a direct result or punishment for that homosexual lifestyle. This thinking was alive and flourishing in all Christian college students. For example, a former Pentecostal peer, named Denise was taught by her Pastor that AIDS was God’s punishment on homosexuals. A prominent white conservative evangelical televangelist named Jerry Falwell in the 1980’s was crucial in promoting the message that AIDS and death was God’s punishment against homosexuality.⁵ These teachings were easily embraced by many Black Christians because homosexuals were seen as the “others” and because many were not affected personally by AIDS. Sadly, most of their experiences of AIDS would no longer be associated with the “others”, but would become deeply personal. Ironically, Denise’s Pastor would die of AIDS, leaving her devastated and confused. Unfortunately, many Black Christians like Denise would have similar stories to share of loved ones dying of AIDS.

JESSE JACKSON’S RAINBOW COALITION AND THE UNITING GRASS ROOTS STRUGGLES.

Beginning the summer of 1983 the Jackson began considering a possible run for the office of President of the United States. Almost 10 years earlier that Jesse Jackson rhetoric of social justice and Black pride resonated with my growing understanding of Black masculine politics and spirituality. However, in the mid - 1970’s Jackson’s

⁵ "AIDS and the Politics of Plague", *The CBC Digital Archives*, Internet, available from http://archives.cbc.ca/IDC-1-70-747-4563/disasters_tragedies/aids_hysteria/clip1 (accessed 22 March 2006).

politics were clearly defined by Black economic nationalism and racial injustice. Jackson, like many other Black politicians and mayors were influenced by the Black power movement and nationalism.

By the mid-1980's Ronald Reagan and the right wing mood of the country was having a devastatingly negative impact on minority communities and the AIDS epidemic was but a reflection of this crisis. AIDS, anti-affirmative action legislations, the cutting of social programs, student financial aid, and the United States destabilization of the third world called for progressive action. It was under these conditions that my interest in seeking campus leadership developed. By 1983, my speaking at a protest against the U.S. invasion of Grenada was captured by the local media published in the local Binghamton newspaper. By 1983, Jesse Jackson was beginning a grass roots campaign (in the legacy of Martin Luther King) of developing broad base coalitions of disenfranchised groups beginning with African Americans, Latino's and the Gay and Lesbian community. Likewise, my recognition of Black progressive nationalism was positive in building pride and social solidarity to build resistance to social oppression. Yet, the country's fixations with Reagan required developing coalitions with other groups to counteract the support for right wing politics in the United States in the mid-1980's. When the Reverend Jesse Jackson revealed his presidential intentions this created a buzz and a feeling that someone was going to challenge this conservative atmosphere that plagued the intellectual and social environment. As president of the BSU, I had several forums about the Jackson candidacy to ascertain political and social thoughts from the widest political spectrum of the university community. I conducted one forum with a moderate to liberal African American female professor and a Puerto Rican Leftist. Both

who would have similar perspectives on the Jackson campaign, which was uniting progressive forces and members of different minority groups, including a significant portion of the gay community. The forum was packed with standing room only. The outcome was so great an article was written about it in the campus paper. The session was also used to encourage and sign up Blacks, Latinos, and progressives to vote.

As Jesse Jackson began to articulate his position, it became increasingly evident that his concern for the Gay community began making some in the African-American Christian community uncomfortable. The Jackson campaign was clearly creating excitement among the disenfranchised groups including the Gay and Lesbian community. One person who was prominent in the Jackson campaign was Gil Gerald, an African American gay male. Gil Gerald, was the 1984 Gay and Lesbian coordinator for Jesse Jackson's presidential campaign. AIDS was quickly awakening Black gay male health concerns and the Jackson campaign was one vehicle that organized and publicized these issues.

The Jackson campaign was influential in integrating Gay and Lesbian concerns within the context of civil rights issues and concerns. The connection was first seen during the 20th anniversary of the March on Washington. Audre Lorde, a lesbian writer, was one of the speakers at the rally. Coretta Scott King and the Reverend Joseph Lowery were two Civil Rights leaders and legends at the rally that publicly supported Gay and Lesbian rights. The social climate of AIDS and the atmosphere of fear was a factor in moving Civil Rights leaders toward recognizing gay rights. Gil Gerald, as the leader of the National Coalition of Black Lesbians and Gays provided the key leadership in bringing together both the gay community and the Civil Rights leaders in not only the

Jackson campaign but, also in the struggle against the Reagan administration anti-gay and black agenda. The university environment, which I was apart of, saw the liberal-leftist agenda of the progressive Black and Gay community making attempts to come together despite the obvious theological and racial challenges within both communities. Although some negative murmurs existed over his support for the “gay agenda”, there was overwhelming support for Jesse Jackson’s presidential campaign within the African-American community.

On campus, the Christian social groups that I interacted and socialized with were enthusiastic about the Jackson campaign. However, they were quite critical of his inclusion of the gay community. The issue was not in opposition to progressive Gay polities but, Christian acceptance of the gay lifestyle. As Jackson included the Gay community in the rainbow coalition, many preachers focused on the gay lifestyle rather than Jackson’s legitimacy of their struggle. As president of the Black Student Union, dealing with a fragmented group of secular students, different religious backgrounds, sexual orientation, and anti-gay Pentecostals was a tough balancing act. Overall, the social forces of progressive Blacks, Latinos, and gays were united in their struggle against the Regan Administration. This coalition supported the Jackson campaign with minimal internal division among the Black religious community. However, twenty years later Black clergy have aligned themselves with conservative White evangelicals against the interest of progressive Black politicians.

AIDS DISCUSSION AMONG BLACK STUDENTS

By 1983, all students were discussing AIDS. The Black students were upset that

media reports had the disease originating in Haiti and Africa⁶. These two years of news reports had consequences. Many people became suspicious of those who were from Africa or Haiti. I also remember a year or so later, seeing an extremely skinny Haitian male student and friend of mine from Brooklyn staring into bathroom mirror. He was having difficulty breathing and standing even though he used a cane. He was analyzing various parts of his body, arms, back, stomach, face and arms. His weight had significantly decreased from last year. I ponder if he had contracted the disease. It was clear that something was wrong but fear, anxiety, and sorrow did not allow me to inquire. By the semester I never saw him on campus again.

The issue surrounding AIDS entered the discussion in another area on campus: giving blood. One of my peers, a Haitian male working on his Masters Degree, and colleague in the All African People study group had informed me that he was denied the opportunity to give blood. The organization asked him if he was Haitian and when he answered yes they would not allow him to give blood. Before the Black and Caribbean Student Union could mobilize and organize a protest this organization was gone. The anxiety surrounding AIDS and which groups were high risks was affecting everyone on a personal, political, and social level. AIDS was a concern, but most students had little direction politically and socially on how to deal with this issue and my peers on the political left never mentioned it in any of our meetings. There were only personal concerns but no national movements nor any prominent leadership giving direction between 1981 and 1986. However, during this time period I witnessed AIDS awareness

⁶ "Five States Reports Disorders in Haitians Immune System." *New York Times*, 9 July 1982, A15.

"Linking AIDS to Africa: Provokes Bitter Debate." *New York Times*, 21 November 1985, A1.

"To Seek Origins of AIDS in Africa is not to cast Blame for it." *New York Times*, 26 November 1985, A26.

move from a white “gay disease” to heterosexual fear and anxiety. My conservative Christian friends, whom years earlier heard, saw, and treated people with AIDS as outsiders, began to experience family, friends and people in their church community die from AIDS. My first two AIDS funerals took place in 1985 and 1987, at Wilborn Temple Church of God in Christ in Albany, New York.

FAMILY, FRIENDS, AND THE CHURCH WITH AIDS

By 1985, AIDS began to affect our family and members of my church community for the next 20 years. In the following years from 1985 through 2000 AIDS related deaths would affect my spiritual and natural family. With each tragedy, a place was affected deep within me wondering who was going to be the next victim in my natural and spiritual family. The first AIDS victims in my family were my first cousins Joe and Dorothy both whom eventually died from AIDS in 1985 and 1987. The details surrounding Joe’s contraction are unknown; however, my cousin Dorothy, a Syracuse University graduate who worked as a nurse contracted the disease from intravenous drug use.

These deaths began to shatter any connection that would exclusively link homosexuals with AIDS and any thoughts regarding AIDS as the great “white male” disease. These two deaths resulting from AIDS were examples of deaths occurring throughout the Black community in the United States weekly. The deaths were not exclusively tied to homosexuality, intravenous drug use only, but many other factors including heterosexual transmission and blood transfusions.

In 1989, a close church friend name BeBe had died of AIDS. Our friendship began in 1977 resulting from a dating relationship I had with her sister. BeBe loved the church and the church loved BeBe. One afternoon, I remember a phone call from my mother while sitting in my dorm room at Union Theological Seminary. She informed me of BeBe passing and all I could do was to sit there quietly subdued, stunned, and shaken. Her death gave insight into the last conversation we had in her apartment. Her face looked stricken with worry, she appeared dazed, nervous, shaken and her voice was a little weary. She said, she asked the church for money for food but was disappointed that none was provided. I also noticed that she did not have any food in her cabinets. She had told of her sickness resulting from fallen accidentally on a needle laying her sofa. She worked as a nurses-aide, a profession where access to needles was readily available, and the possibility of actually getting struck by a needle was more prominent. In retrospect, I never made the connection that BeBe was an IV drug user and had possibly contracted AIDS.

In the 1990's an additional four AIDS tragedies had occurred in the life of the Black Christian community. In 1990, a prominent clergyperson's daughter in Brooklyn had passed away from AIDS. She was neither gay nor a drug user but merely married a man who once lived a promiscuous lifestyle on the streets of Brooklyn. Although he had turned his life around and lived an excellent Christian life, his past behaviors had grave consequences - he had infected his wife with the AIDS virus. The world was realizing that AIDS was neither a homosexual's disease nor a drug users disease, but a medical disease that could affect anyone person at any time. No one was immune even those who lived a sanctified life could contract this deadly virus. In 1993, a Black doctorate student

at Union Theological Seminary had died of AIDS complication before he had finished his PH.D degree. A year earlier we had studied for the ministry and graduated together in the Masters Divinity program and not one member of the Seminary's Black community was aware of his homosexuality. He was a bright hard worker and in our study groups he was full of wisdom and was loved by everyone. His death was a surprise to the student body and our awareness of the reason for his death was even more surprising. His death saddened the Church and Seminary community.

In 2000, another wonderful Christian sister died of AIDS. We attended the same church in Brooklyn. She was attractive, Godly, kind hearted, full of life and a joy to be around. Every time we met, our conversations would be encouraging and I was always spiritually edified. Yet, the life she was living made others and me totally unaware that she had contracted the AIDS virus due to her former lifestyle as a prostitute. I merely knew of her former lifestyle and not the consequences of the lifestyle. I knew she was engaged to be married and not the reason why the marriage was broken off with another member of the church family. Her memorial service was packed with people at least a thousand or more people attended and it was a celebration to behold. I found it quite odd that a thousand people could be there at her death, but none of them she had confided in while alive.

One of my former Church mother's nephew named Patrick died of AIDS in 2002 in Utica, New York. We worshipped together in Schenectady, New York from 1976 thru 1979. Everyone knew Patrick was "soft", which was slang at the time when someone was suspected of being a homosexual. Patrick was loved and well liked by all members in the congregation. Patrick loved the church, praising God, and in testimony services often

spoke of God's goodness along with a shout and dance. He loved his Christian family and his Christian family loved him. His parents were ministers and close friends of our family and we often dined together after church service at our residence. His passing of AIDS was deeply disturbing to members of our family who remembered Patrick as a creative, bright, loving, and energetic Christian who loved his family and the church. Upon his deathbed, Patrick confessed he had contracted AIDS thru a homosexual affair.

As African-Americans were dying and being memorialized in some of the most conservative African-American churches several realities began to set in. One reality was that these deaths were affecting members of the church community and not merely "unholy" people. Another reality was these deaths were occurring in good Black Christians homes whose family members consisted of both heterosexuals and homosexuals. I began to realize that conservative Black religious bodies were hurrying people who heard their clergypersons frequently preach the sinfulness of homosexuality and promiscuity. And that people in the church were living secret lives of homosexuality, drug addiction, and promiscuity while perhaps hoping for a divine change - a better life in their present human existence. I formed two thoughts of why AIDS ministries are important. One thought was that AIDS would be the medium to where people do not have to live secret lifestyles inside and outside of the church. Under these conditions, a church with an AIDS ministry would be able to reach any person regardless of how they contracted the disease. On the other hand, a church without an AIDS ministry would continue the justification of neglecting the African-American population who needs AIDS ministerial support. One thing is clear: African-Americans were dying from AIDS

and the Church needed to become involved in AIDS education awareness and prevention regardless of how the disease was contracted.

A NEW THEOLOGY: “GOING TO HEAVEN WITH AIDS”

As African American churches began burying some of their “more faithful and dedicated members” a new theology began to emerge in the late 1980’s. My mother one day stated, “Some saints are going to heaven with AIDS”. This theology was being heard from the pews to the pulpit by the early 1990’s. This new theology was transforming for African American Christians and AIDS victims whom were among the faithful being infected. This new theology was influenced by circumstances of husbands bringing HIV/AIDS home to their spouses; former “street” or ‘sinners’ being converted and marrying church women; saints having blood transfusions; former male ex-convicts contracting AIDS in prison then joining the church and marrying some of the female “saints”. It was clear that in the African-American community many who were staunchly anti-homosexual were being infected with the aids virus. The fact is: AIDS was being contracted in multiple ways in various circumstances and there was no way to shield the “saints” from exposure to this deadly disease.

As the African-American church seem to be memorializing people weekly, if not daily from AIDS a new theology developed among grassroots’ church folks who were observing the deaths of valued Christian members of the community. This theology was not a positive attribute to homosexuality, intravenous drug use, or promiscuity. This theology was directed towards the “Saints” who were “living right” according to scripture

that had contracted AIDS. They were not I.V. drug users, gays, lesbians nor promiscuous. They were heterosexual Christians that were deemed "saints" in the eyes of the church but victimized by this new disease. Yet, murmurs and gossip would circulate throughout the church of how this member had died. Questions such as: Was he gay? Bisexual? Did they use drugs? Was their husband cheating and brought it home? Or was it resulting from their former lifestyle in the streets before they accepted Jesus Christ as their Lord and Savior? However, before the existence of HIV/AIDS the church was often more open about why people had died, but since the emergence of AIDS the reasons why saints had died was kept quiet. It was often said that the person died after a long illness or nothing was said at all. The stigma and need for privacy was so strong that family would often not allow any members of the congregation to visit the terminal patient in the hospital.

FAITH SEEKING UNDERSTANDING

In 1987, the religion department at Binghamton University sponsored a conference on Liberation Theology. Dorothy Solle, James Cone and Orlando Costas were among many speakers at this conference⁷. During this conference the recognition of radical Christian social struggle throughout the world was documented and given justification on two accounts. One, the Christian's faith in Jesus Christ forces us to participate in social justice issues and alleviate suffering. Two, the social conditions of the "world" requires

⁷ These speakers were impressive and influenced my desire to attend Seminary. However, none of these speakers discussed AIDS as a medical or political issue at the conference. Like most activist and intellectuals in the 1980's, the main concern was the right wing politics of the Reagan Administration and AIDS was not to high on the priority lists of activist, intellectuals and theologians.

Christians to challenge inequalities, racism, and sexism. These three panelists were enlightening and each person shared their participation and contribution in the struggle against racial, gender and class oppression as intellectuals.

My interest in seeking social justice was motivated by my historical experiences of violence, material inequality and Black male and female oppression. What I did not lack was how my experiences of suffering informed and influenced the framework for my politics. However, what I lacked was the theological reflection and the ability to integrate my conservative faith with progressive politics.

The only academic books about Liberation Theology I read prior to the conference were books James Cone's *God of the Oppressed* and books on Malcolm X and Martin Luther King.⁸ The discussion on Liberation Theology during the conference enlightened me to a new model of Christian social action that could be used to challenge oppression. However, I realized there were a small number of progressive Christian social forces that challenged the prevailing conservative political and religious mood in the United States. The Jackson campaign was one, but I was looking for a theology of struggle, a rationale for the Christian basis for justice to give substance to my faith. This new theology of liberation was the perfect weapon to challenge the external secular hostilities toward Christianity from secular progressives and Christian conservatives dominating the airways and presenting their model of Christianity as legitimate. Although, my liberation theology awareness increased during the conference, the major crisis affecting African-Americans was not discussed. Not one intellectual or theologian

⁸ Alex Haley, *The Autobiography of Malcolm X as told to Alex Haley* (New York: Ballantine Publishing, 1964); Martin Luther King, *The Measure of a Man* (Philadelphia: Fortress Press, 1988) and James Cone, *God of the Oppressed* (Maryknoll, NY: Orbis Books, 1993).

mentioned AIDS or its impact at this conference. The absence of a dialogue on AIDS was not a priority in the broader African-American and Latino communities. Most liberation movements were focusing upon economic and social justice and only the Gay community was organizing around this social and health issue.

UNION THEOLOGICAL SEMINARY

In 1989, I entered Union Theological Seminary in the City of New York. The devastation of HIV/AIDS and its impact was enhanced by my personal interaction with students living and dying from HIV/AIDS. Moreover, meeting and interacting with liberal-left activists from various ethnic groups and sexual orientations was beneficial in adding to my belief that social, political and ideological alignments is most important in attacking the AIDS epidemic as a health concern. Living and studying in New York City, it seemed I was in the belly of the beast where the epidemic first began. The frequent stories of pain, suffering, and the devastation of those impacted by AIDS had a positive impact on social and political growth.

In 1989 the atmosphere at Union Theological Seminary (UTS) was different from my experiences at Binghamton University. At Binghamton University Black women's voices were emerging in the midst of a community culture where their concerns were not considered central. The issues of Black women on campus often centered on the topics of relationships and treatment; however, at Union Black women focused on male domination, insecurity, gender oppression of the Black clergy, and the Black woman's liberation. As an undergraduate, there were obvious an overt absence of lesbian and bi-

racial African-American women who were discussing their identity. At Union, I was witnessing such a serious intellectual interaction between lesbian and heterosexual African-American women. The Gay and Lesbian population at Union was vocal, open, and actively discussing HIV and AIDS. This was the first time I experienced serious intellectual discussions and personal interaction between the gay community and black students. It was the first time that I had the opportunity to communicate socially and intellectually with a critical mass of gay students of all racial and gender backgrounds.

The coming together of various groups for worship was institutionalized at noon during service in Union's Chapel. The service combined the sharing of faith, worship and politics as a part of our day-to-day interaction. Previous to 1989, this type of worship combining faith and politics occurred at particular events such as The King Celebration and The Jackson campaign. At Union Seminary, faith, worship and politics were systematically organized as a part of our daily seminary life. During these services personal and group prayer for people with HIV/AIDS were often mentioned and their struggles lifted towards God.

During my first two years of graduate school I became good friends with a white lesbian and a bi-sexual African-American woman. We were able to connect on a political level although not always on a spiritual one. We would often walk around the Harlem community at night nailing anti-racist and anti-war slogans on billboards. My first interaction with a gay White male was a student living on the third floor who had openly confessed being HIV positive. He would often communicate with me his good and bad days and his struggles to prevent additional illness such as fevers and colds. As a residential advisor, I heard stories about everything including their diseases, sexuality,

and struggles. The atmosphere on campus and in the New York City community was filled with anxiety about HIV/AIDS, including African-American women who were now the largest group being affected. One day in class, a very enlightened professor and dynamic preacher, the late Reverend Dr. Preston Washington, my instructor at Union, once said to me: "Ricky it seem like I was burying someone weekly dying of HIV/AIDS in Harlem"⁹. The irony is he was the first African American clergy and faculty member that I heard discuss AIDS in the classroom. After three years of hearing White male students and African-American women discuss the issues surrounding AIDS and acknowledging how it was affecting me, I began seeking ways and means to comfort the African-American community.

The weakness with Union Theological Seminary, from my perspective was not analyzing and addressing the African-American heterosexual male struggle. The struggle of gays, lesbians, and women was Union's primary focus. The study of Malcolm X and Martin Luther King seemed to be a replacement for analyzing Black masculine struggles. Specifically, what was missing was the study of Black masculine theology that emphasized how Black masculinity was socially constructed. Moreover, how black masculinity can be deconstructed to create a progressive Black masculine theology. This critical component would have been beneficial in developing new and more progressive Black male leadership. The necessity for developing an African American masculine theology is due to the various realities surfacing from the period of HIV/AIDS in the African American community. Black masculine thought arising out of this period of

⁹ Dr. Preston Washington was pastor of Memorial Baptist Church and founder in 1985 of Harlem Congregation for Community Improvement (HCCI) until his death in 2002.

AIDS forces the African American community to realize, whether it approves or disapproves, the existence of two masculine realities: heterosexual and homosexual.

My African American male heterosexuality is different from an African American male gay person yet, we may share similar social, historical and cultural contexts as well as different ones. Where we meet in the struggle against oppression may have a common basis for social and political unity. AIDS, racism, sexism and homophobia have contributed to taking the politics of personal pain seriously and have forced people to locate the source of their suffering to create changes and healing.

UPPER ROOM AIDS MINISTRY - HARLEM

In 1992, I decided to volunteer at the Upper AIDS ministry in Harlem. My ministry stint although short, was educational and informative. The volunteer opportunity was advertised in one of our offices for ministry training. The effects of losing relatives, friends, and church family to AIDS were impacting me emotionally and socially. I was seeking and searching for ways to comfort those who were dying from AIDS. These feelings led me to volunteer at the Upper Room AIDS ministry in Harlem.

The large amount of African-Americans that were utilizing this ministry surprised me. The sheer number made me realize that deep penetration of this disease in the Harlem community after 10 years was astonishing. HIV positive African-American males were educating me on the history of HIV/AIDS which they stated had been around since the mid 1970's. They informed me that brothers were dying of the disease in jail long before mainstream American media noticed. It was interesting that these African

American males, both heterosexual and homosexual, were completely open and candid about their lives.

At Union the bulk of my conversations were with Black heterosexual, lesbian, bi-sexual women or with White Gay males. I had never interacted with gay and straight Black American males about HIV/AIDS in such a significant number. Yet, while volunteering at the Upper Room I began to see how many Black Churches were disliked by the African-Americans that attended the upper room. I personally felt the brunt of some of their anger when I would discuss my church attendance and Pentecostal background. I enjoyed talking with the African-American males during my visits to the Upper Room AIDS ministry. I was given insights into their experiences from an African-American perspective whether straight or gay. The conversations were often disturbing and sad, but they transformed me spiritually and emotionally.

At the Upper Room the sheer number of African Americans using the service had given further insight into HIV/AIDS penetration in the Black and Latino community. When I found out how large the number of people of color infected HIV/AIDS was, it was shocking and overwhelming. These experiences made me want to do more and definitely prepared me for the future visits with the terminally ill at the Harlem hospital and home hospice.

After a few months of volunteering at the Upper Room, I began to minister to patients in the Harlem Hospital dying of AIDS and other illnesses. I also conducted many house visits to those who were seriously bed-ridden. People were glad to see a clergy person visiting and praying with them. Some families had never visited their loved

ones and these people were lonely. These people wanted prayer in their time of crisis and praying for them gave them comfort and a sense of relief of their pain.

HIV/AIDS AND THE CUBAN NATIONAL EXPERIMENT

In the winter of 1991, a group of seminarians and I visited the Island of Cuba. During our trip we visited a camp called Los Cocos Sanitarian. This camp was a place where people with HIV/AIDS were forced to live in isolation from the rest of the Cuban population. We were not allowed to go inside the walls of the camp. The Cuban national coordinator defended this isolation by stating Cuba is a small island and that the infiltration of such a disease would wipe out the Cuban population, if the government did not isolate people with the disease. Yet, it was ironic that this progressive government with its' free education and free medical care had a policy that approved of quarantining people with HIV/AIDS.

The Cuban government was paranoid that the United States would purposely spread AIDS inside this small nation as a strategy to weaken the country. This form of invasion thereby required them to isolate people as a means to prevent the spread of the disease. The impact of quarantining reduced the spread of the disease, prevented the need for large medical resources, and made more healthy men and women available for the military. As irrational as it may seem, this small country had major success in the capping the spread of AIDS in comparison to the United States. The Cuban government did not depend upon each citizen's choice to be responsible and not spread the disease. However, such strategic isolation would not be successful in the United States given the

large minority population who had AIDS. For example, African Americans were disproportionately infected with HIV/AIDS. Yet, given the social, political and cultural experience with slavery and segregation the motives of the government developing a Cuban policy would be rejected. Both African Americans and Latinos would see this policy as racially biased. Furthermore, the gay community would argue imprisoned isolation of homosexuals as having bias based upon sexual orientation. Whether the Cuban AIDS policy was driven more to prevent mass infection, a national security breach, or both is debatable; but its success is not.

EARVIN "MAGIC" JOHNSON, BLACK MALES AND AIDS AWARENESS

In November 1991, I watched the Earvin "Magic" Johnson's press conference where he revealed he had contracted the virus that causes AIDS. This announcement was heard worldwide and his popularity at the time was larger than any celebrity to date, including Michael Jordan. All people irrespective of race, ethnicity, and class enjoyed watching Magic play basketball and he was much admired among African-Americans. Women loved his flare, good looks, smile and personality and men loved his basketball skill and talents. Although there was great admiration of Earvin "Magic" Johnson, people began to question his sexual orientation. The rumors began to surface in newspapers and on talk radio. People were wondering was "Magic" Johnson gay? The question of "Magic" Johnson's sexuality was due to millions and millions of viewers watching him and Detroit Pistons guard Isaiah Thomas kissing each other on the cheek at center court of the opening tip of a NBA basketball playoff game. "Magic" refuted his contraction

was through homosexuals relations but contracted HIV through heterosexual promiscuity. After the “Magic” announcement, the media began to focus on the heterosexual community and AIDS contraction. “Magic” Johnson’s unfortunate experience with HIV provided an educational opportunity to inform African-Americans more than any federal, state or local funding program.

In the January 29th 1993 edition of CDC weekly Morbidity and Mortality Weekly Report, a research study was published on the sexual risk behaviors of STD clinic patients just about the time of the “Magic” Johnson’s HIV announcement in 1991. The 29-week study was conducted in Maryland 15 weeks prior and 14 weeks after “Magic” Johnson’s announcement of his infection¹. There were 283 participants studied, 166 were interviewed during the 14-week pre-announcement period from July 29th – November 1st in 1991 and 97 participants were interviewed during the 14-week post-announcement period of November 11th, 1991 to February 14th, 1992.² The participants were 60% male and 40% female. The median age of the participants was 25 years and 73% of them were Black.¹² The findings showed no significant changes in behaviors, or an increase of condom use. Thus, “Magic” announcement did not have a significant influence on safe sex behaviors within this group. However, there were significant decreases in the participants that were encountering one-night stands and frequent sex partners in the post announcement group than the pre announcement group.¹³

“Magic” Johnson announcement was intended to educate and influence people’s

¹ “Sexual Risk Behaviors of STD Clinic Patients Before and After Earvin “Magic” Johnson’s HIV-Infection Announcement -- Maryland, 1991-1992”, *CDC Morality Weekly Report*, no. 42 (29 January 1993):45.

² Ibid.

¹² Ibid., 45.

¹³ Ibid., 46.

behavior about HIV/AIDS. The study showed Magic's announcement had increased HIV/AIDS awareness. His announcement influenced people to have fewer sexual partners and illustrated the power of celebrities to influence behaviors and provide education. His announcement showed how the media could play a significant role in bringing awareness of AIDS epidemic to the African-American community especially those who were under the false impression that AIDS was merely affecting gay white men. My recollection of the Magic Johnson's announcement was African American males were talking more openly about AIDS in churches, barbershops and with relatives. This announcement was an eye opener for African-Americans particularly those who either had not experienced someone dying from AIDS, or who only viewed AIDS related deaths resulting from gay sexual relations.

Rock Hudson, the white gay actor provided life to this myth of AIDS being a homosexual's disease. "Magic" Johnson's infection countered this image and brought new awareness of the need for AIDS education and prevention in the Black community. The idea of AIDS being a white gay disease was a myth perpetuated by the media and the AIDS announcement by "Magic" Johnson shattered this myth.

TAKING THE HIV TEST

Over the last ten years there have been numerous high school, college, and church friends of mine who have died of AIDS. During college and high school reunions the information was provided by peers who have been sadden by such news. It is interesting that people always wanted to know how each person had contracted this deadly virus, as

if in retrospect, it matters. Twenty-five years after the discovery of AIDS, a person dying of blood transfusion is looked at differently than a bi-sexual married male infecting his wife with AIDS. A person who is an I.V. drug user who contracts AIDS, but does not infect others is looked upon differently than someone who intentionally infects others out of anger after contracting the disease. The reality of how one contracts or spreads this virus matters in everyone's minds and perhaps given the high rates in the African American community it should be of particular concern.

In July 2005, I decided to take my first HIV test at a health clinic in Elizabeth, New Jersey. As I finished the questionnaire and returned it to the person on duty my mind began to wonder. I began to re-visit my sexual history and all of my sexual partners. All my relationships were with women and two of them had blood transfusions. They all assured me they were not HIV positive when questioned. I would look for signs of an infection such as weight loss and needles marks on their arms and wrists. As I sat there I assured myself that my sexual behavior was never really high-risk and I had nothing to worry about. However, I continued to question how careful had I been over the last twenty-five years. I had paranoia of contracting any sexually transmitted disease and was very careful. Furthermore, outside of the realm of sexual experiences I have been in numerous dentist offices and hospital rooms where I have been exposed to needles, both used and unused. Yet, dentist offices and hospital rooms are among the safest places where contracting this disease is least likely.

Since I was such an advocate of AIDS testing, I thought it was only fitting that I be tested. I did take the test and I remained calm believing I would be vindicated of my sinful ways. The torture of sitting in a waiting room for fifteen minutes felt like hours

upon hours and the fear of how my life would be changed forever was overwhelming. The nurse came into the room and called my number – I was a number – how insensitive, but privacy was necessary in this public waiting room. The nurse asked me about my high-risk behavior. Have you engaged in any homosexual relations? Have you ever have sex with a prostitute? Have you ever place needles in your arm? Have you ever had a blood transfusion? Have you had any sexually transmitted diseases? I answered no to all of these questions and felt a little reassured until the next question came. Have you ever engage in unprotected sex? My answer was an affirmative. Yes, she reiterated. How often did I engage in unprotected sex? The smoking gun with the barrel pointed directly in my face. These are the exact questions that I have asked friends, relatives, and female relations over the years. The obvious question - did I ever engage in unprotected sex? Does not everyone engage in unprotected sex? A defensive but deflective response is little justification for irresponsible behavior, is it not?

As the nurse was done questioning my sexual history she ripped open the HIV test packet and gave me instructions of how to administer. I began to maneuver the swab in my mouth for approximately two minutes. Upon completion I returned to the room to wait for the results of the HIV test. While returning to the waiting room, a young Haitian male, age 23, entered the room shaking and obviously very nervous. He sat next to me and began asking question after question on what the test was like. It was like he was re-enacting the same questions, fears, and anxieties I had just 40 minutes earlier. The nurse administering the test called me back into the room and asked how did it feel to wait for the test results and I replied that I was anxious and a nervous. She told me that my test

results were negative then she gave me an information packet about protecting myself from HIV/AIDS.

Why did I take the test? I have publicly and privately believed clergy person should take the HIV test. It is not an indictment on their lack of morality or a statement that they lack ethical standards. It merely means if they have contracted the virus they need to act responsibly with their wives, family, friends, and congregation in helping others to cope with this disease. On a very humane level, people are people; profession aside or knowledge of this disease is no escape of the reality that HIV/AIDS can be contracted by anyone. I took my first HIV test after twenty-five years of the discovery of the infection spreading over three continents – Africa, Europe and North American and twenty years after AIDS/HIV had become a household name. Why did it take twenty years to have a test for this disease? Why did it take ten years after intense media advertising for Americans to get tested? Am I indicative of why African Americans were slow to respond to the HIV/AIDS crisis? I am certain to be criticized for articulating the need for clergy to take the test but I can endure this hardship knowing someone will hear me and act.

GAY CANCER AND THE MEDICAL ESTABLISHMENT SHAPING THE PUBLIC PERSPECTIVE ON AIDS

Why did African American elected officials and organizations fail to respond effectively to the early AIDS crisis? The American medical community first began to observe a specific group of males experiencing immune deficiency problems like decreased T-cells, pneumonia, rash, and swollen lymph nodes. These medical

characteristics were noted in White homosexual males living in New York and San Francisco. As the number of gay males began showing up with these medical symptoms in hospital rooms and physicians office these characteristic were commonly associated not merely with homosexual men, but white homosexual men.

Thus, doctor's offices and hospital emergency rooms began automatically associating the medical symptoms to gay white males initially. Consequently, the association of AIDS with gay White men was so common that when African-American women and children began exhibiting the same symptoms, they were dismissed by the medical profession as "something different" than AIDS symptoms that the gay White men were experiencing. One Medical doctor who linked the symptoms of gay White men with African-American women and children was an Israeli expert on immunology named Dr. Rubenstein. Before the AIDS crisis among gay White males became a public concern, African-American children and their mothers began experiencing rashes, swollen lymph nodes and decreased T-cells as early as 1979 in the poverty stricken neighborhoods in the Bronx, New York.¹⁴ However, from 1979 to 1981 Dr. Arye Rubinstein was among the first to detect the presence of "gay cancer" in Black children in the slums of the Bronx.¹⁵ Dr. Rubinstein knew that what was affecting homosexual males was now showing up in infants and their drug addicted parents. Despite the fact of Dr. Rubinstein accurately connected the medical symptoms of homosexual males with

¹⁴ Randy Shilts, *And the Band Played On: People, Politics and the AIDS Epidemic*, (New York: St. Martin's Press, 1987), 103. Although Shilts focus is on the White middle class gay community the book describes almost "unintentionally" the medical community and media lack of concerned for African American women and their children coming down with AIDS symptoms. These symptoms existed pre-1981, yet, it was not until 1981 when wealthy and middle class white gay males from Manhattan and San Francisco were contracting the disease did medical doctors raise a potential connection. Dr. Arye Rubinstein did make the connection although many of his peers in the medical profession ignored the medical characteristics of African American women and children perhaps connecting AIDS symptoms to intravenous drug use.

that of Black babies and their parents, some doctors outright ignored his claims.

In 1981, at an immunological meeting, Dr. Rubinstein attempted to explain how the disease of the elite educated homosexual men in Manhattan was the same disease of poor drug addicted mothers and their children in the Bronx.¹⁶ However, his peers at the immunological meeting dismissed his concerns and stood by their convictions that the “gay pneumonia” or “gay cancer” was the disease of homosexual men only. In another meeting of the American Academy of Pediatrics in December 1981, Dr. Rubinstein presented an abstract he wrote illustrating the similarities of “gay pneumonia” and those of five Black children.¹⁷ He concluded that the “gay cancer” was spreading beyond those of merely homosexual lifestyles to heterosexual women and their babies. However, the damage was irreversible; the medical and scientific community had attached the disease to homosexual males and had difficulties accepting that drug addicts could spread this disease to their children. In 1982, the “gay cancer” continued to rise among Black children in the slums of New Jersey who were born to drug addicted mothers.¹⁸ In the first twelve months of 1982, CDC reported through the Morbidity and Mortality Weekly Report this so-called “gay cancer” was spreading through Black communities in New York City, Brooklyn and Miami.¹⁹

Labeling this new disease as “gay cancer” automatically kept African Americans and Haitians heterosexuals from understanding how this new disease could be affecting them. Also, it disarmed other communities from accepting the potential spread of this

¹⁵ Ibid., 103.

¹⁶ Ibid., 104.

¹⁷ Ibid.

¹⁸ “Unexplained Immunodeficiency and Opportunistic Infections in Infants in New York, New Jersey and California”, *CDC Monthly and Morality Weekly Report*, no. 31 (17 December 1982): 665-667.

¹⁹ “Five States Reports Disorders in Haitians Immune System,” *New York Times*, 9 July 1982, A15.

disease throughout their communities and limited the spread to specific gay groups within each community. Therefore, African Americans medical diagnosis of this deadly virus during the early AIDS crisis were not taking seriously due to the clientele being poor, Black, and intravenous drug users.

The alarm had been sounded throughout the gay community but very little attention was given to advertising the spread of this new disease in African-American community or among its physicians. Before the 1980's, Africans, African Americans, and Haitians had the virus which caused AIDS. The American medical establishment research missed this reality and continued to focus upon elite educated homosexual males. This was done despite the number of African-American women and babies that entered hospitals in New York with symptoms years before the disease was ever attached to homosexuals. Maybe the neglect was due to issues of race, class, or the lack of medical care and treatment. An intravenous drug user did not obtain the same "care" as an educated white male entering an emergency room or doctor's office. The tendency would be to dismiss symptoms as the effect of drugs used by the user instead of searching for a more in-depth root cause. As a matter of fact as intravenous drug users were contracting Kaposi's sarcoma or Pneumocytis (earlier name for AIDS related symptoms), the CDC and a few New York City physicians often dismissed them since they were only concentrating on this disease coming from gay White males. Also, most intravenous drug users died before their cases were reported to the CDC through hospitals, clinics, and doctor's office.²⁰ Whatever the case, the initial reporting of these symptoms as "gay cancer" or associating the symptoms with elite gay males and ignoring poor Black

²⁰ Shilts, *And the Band Played On*, 83.

women and their children alarmed one community and harmed another.

THE MEDIA, GAY CANCER AND THE HOMOSEXUALITY CRISIS

As the American medical community associated AIDS symptoms with being homosexual or as the "gay cancer", any and all other groups that were susceptible to contracting this disease were overlooked. They strategically focused on gay white males - so why would any other ethnic group perceive themselves to be at risk? Moreover, why would they view themselves at risk when the media continued to focus upon a particular group? In the first two years of the disease, the medical community had written and discussed the immune deficiencies and its symptoms as "gay cancer".²¹ Labeling a disease to a specific group would give the American public a false understanding of who could contract the disease. The New York Times had written two articles in 1981 surrounding the deaths of a mysterious disease killing homosexual men in July and August.²² By the end of 1981, 121 homosexual men would be dead of this rare skin cancer called Karposi's Sarcoma or pneumonia and in May of 1982, the disease was being called A.I.D. (Acquired immunodeficiency disease) or GRID (Gay related immunodeficiency).²³

Did the early media coverage of the HIV/AIDS crisis affect the slow response in the African-American community? The coverage of AIDS in 1981 and 1983 definitely had an impact on the slow response of African-Americans in those early years. In the early AIDS epidemic bi-sexual transmission to heterosexuals or heterosexual to bi-sexual

²¹ "Rare cancers seem in Homosexuals." *New York Times*, 3 July 3 1981, A20.

²² "2 Fatal Diseases Focus of Inquiry," *New York Times*, 29 August 1981, A9.

²³ "New Homosexual Disorders Worries officials." *New York Times*, 11 May 1982, C1.

was not a concern nor was anyone looking at the intravenous drug user as a major player in the transmission of AIDS into the African-American community. As the media continued to gather it's information from medical journals, which focused upon gay males why would any African American heterosexual be alarmed if they were not white and gay. The early AIDS crisis illustrated how the medical community and the mass media shaped the public image of the early AIDS crisis and by not observing the big picture of the broad based communities being infected. Interestingly, the medical community not only ignored the early reports of Black I.V. drug users as a source of spreading the AIDS virus but, also ignored African American gay and bi-sexual males as being infected with this virus. By 1981, a Denmark man was infected after traveling to New York City and having sex with multiple Black males.²⁴ Yet, the hysteria focused upon gay, educated elite white males in Manhattan and ignored Black gay men, black women and children and intravenous drug users.

AFRICAN AMERICAN AND HOMOSEXUALITY TABOO

Historically in the African American church any discussion on the naturalness of homosexuality would be attacked. African-American Christians have always been taught, lived by, and believed the Biblical story of Adam and Eve's interaction as a heterosexual couple is the model of marriage. This model is to be followed and any model suggesting otherwise is counter to God's plan.

Therefore when the media presented to the public stories of gay men becoming

²⁴ Shilts, *And the Band Played On*, 111

infected, many clergy and Christians of all ethnic and racial persuasions thought it was an act of God's punishment. Yet, as some heterosexuals became infected with the virus, the first question the church members would ask was how did the person catch AIDS? Often those asking the question already assumed the underlining answer; it had to be homosexual contact or the person was an intravenous drug user. African-American Christians have a judgmental attitude on what is strictly right and/or wrong regarding issue of AIDS, homosexuality, and drug use.

During the 1980's, many religious leaders were preaching and teaching that AIDS was divine retribution on homosexuals for their deviant lifestyle. Jerry Falwell was among the early conservative religious leaders who represented this type of thinking among many evangelicals. Falwell, on *The Journal*, a CBC television broadcast, hosted by Patricia Woods stated, "AIDS is God's judgment because of homosexual promiscuity."²⁵ The thoughts of Falwell were typical of many Evangelical and Pentecostal Christian social thought on AIDS and homosexuality.

As the AIDS hysteria was spreading across the U.S. so was this new theology of "gay plague" as divine retribution on homosexuals. This new theological perspective gave some religious communities a rationale for the existence of AIDS. This new theology had a devastating consequence: it would not encourage people to seek medical help for AIDS symptoms. As a matter of fact, given the churches theology of divine retribution heterosexuals were made to feel guilty about contracting this disease as well.

²⁵ "AIDS and the politics of plague." *The CBC Digital Archives*, Internet, available from http://archives.cbc.ca/IDC-1-70-747-4563/disasters_tragedies/aids_hysteria/clip1 (accessed 22 March 2006).

AFRICAN AMERICAN FEAR, RACIAL STIGMATION, AND THE HAITIAN EXPERIENCE

The CDC recognized and categorized the primary high-risk groups as the “4-H” (homosexuals, hemophiliacs, Haitians, Heroine addicts) a standard internal joke within the agency. Beginning in 1982, Haitians were reported with coming down with Acquired Immunity Deficiency and the New York Times ran an article on May 9th in 1982, reporting the outbreak among Haitian immigrants in five states: New York, New Jersey, Georgia, Florida and California.²⁶ This new outbreak among Haitians identified them as a specific risk group like Homosexuals and Hemophiliacs. This practice of stigmatizing an entire ethnic population had erupted in such a controversy that the practice was discontinued in 1983 by the Center for Disease Control. Yet, the stigma remains long after the practice was discontinued. I recalled how people on campus were talking about the source of AIDS being linked to Africans and Haitians. This stigma seems to be in competition with the religious perspective of AIDS being gay retribution. Haitians were not only angry about being stigmatized, but now being placed in the same category as homosexuals and hemophiliacs.

However, the CDC had no conferences or educational objectives of directing prevention information at minorities groups until 1987. Dr. Rudolph Jackson, a physician in Atlanta working as a consultant for the Center for Disease Control, stated the CDC was slow in providing information among minority groups due to their earlier mishap with the Haitians in 1982 and 1983.²⁷ Consequently, six years after AIDS originated the CDC was

²⁶ Shilts, *And the Band Played On*, 197

“Five States reported Disorders in Haitians immune system.” *New York Times*, 9 July 1982, A15.

²⁷ “High AIDS Rates Spurring Efforts for Minorities.” *New York Times*, 2 August 1987, A1.

holding its first conference on AIDS and minorities in August 1987.²⁸ This time the CDC aligned itself with major established Black organizations like the National Urban League and the National Association for the Advancement of Colored People (NAACP) to avoid making critical mistakes like it made with the Haitians. However, the Haitians controversy had negative consequences and was a lasting memory in the minds of African-Americans and their elected officials. John E. Jacobs, the President of the National Urban League stated African-Americans fear of the racial backlash of being identified with AIDS "is one reason the black community has been slow to address this issue, to put it on our agenda."²⁹ As a result of this fear African American elected officials and national organization were guilty of not attacking this stigma that allowed the spread of AIDS. The consequence of stigmatizing a group is having institutions and agencies refusing to provide health care services, employment opportunities and even shelter. African Americans during the early AIDS crisis did not want to be stigmatized and given the difficulties of overcoming racial biases refused to deal with the added burden of the deadly disease.

AIDS CRISIS AND THE SILENCE OF AFRICAN AMERICAN DOCTORS

Why did gay doctors respond quickly to the AIDS crisis and African-American medical doctors did not? Many Gay doctors worked in major hospitals, clinics and were influenced by gay journalist on issues affecting the gay community. The San Francisco Gay Newspaper, *The Sentinel* in early 1980's wrote numerous articles on the major gay

²⁸ "AIDS and Minorities." *The Washington Post*, 12 August 1987, A22.

²⁹ "High AIDS Rates Spurring Efforts for Minorities." *New York Times*, 2 August 1987, A1.

health issue such as gay pneumonia. Gay journalism was a powerful educational tool used to provide health information to their community. Another influential medical association providing education, treatment, and prevention information was the Bay Area Physicians for Human Rights.³⁰ This association consisted of militant gay doctors who were among the first medical group to promote gay community needing to avoid bodily fluids. Moreover, early gay patients were educated, elite professionals and middle class. African American journalist did not organize around AIDS early in the crisis due to the scientific and medical community having established the disease as primary Gay disease.

The National media such as the New York Times printed what the medical establishment was printing; as a result of what was being published there was no reason for African-American hysteria. Also, African-American medical doctors had little reason to be alarmed when information originating from medical and scientific and journalistic community was not suggesting any disease disproportionately affecting the Black community. However, African Americans were among the first group to be affected with “Gay cancer” but the terminology, language and press publication obscured the true picture. Blacks were being affected early and often, but the African-American Press did not challenge the information coming from the medical, scientific and media establishment.

Another reason African-American doctors failed to take notice of the early AIDS crisis affecting blacks may not have had enough cases of these incidences. One theory is because many of the black community were among the poor and uninsured. These patients because of a lack of money would not have visited their doctors, hospital, or

³⁰ Shilts, *And the Band Played On*. 259.

clinics during first years of the crisis. Many African-Americans were afraid to confide in their doctors for treatment for fear of being tied to the stigma surrounding the AIDS disease and as a result many African-Americans died before their numbers were reported.

Clearly, early reporting and labeling of the new symptoms associated with AIDS helped to organize gay physicians. The terminology used in the medical community was “gay cancer” and although it was not only affecting “gays” it did create anxiety, fear, and helped to rally the homosexual community to action. They had conferences, informal meetings, and information sessions. However, by 1983, the AIDS virus was disproportionately affecting non-white communities yet; the African-American medical community played a limited role in sounding the alarm. It appears the African-American medical community did not play a critical role in attacking CDC or awakening the Black political and religious establishment.

BLACK JOURNALISM SLOW RESPONSE TO THE AIDS CRISIS

The African-American press, newspapers, and journals were late in covering stories about the impact of AIDS in the Black community. Those that contained articles or columns were rare or talked about AIDS as a conspiracy to destroy people of African descent. Between the years 1981 and 1993, some of the most popular consumer magazines in Black America were *Ebony*, *Essence*, *Jet* and *Black Enterprise*. *Ebony* published fifteen articles on AIDS from 1981 thru 1993, and only one article on Black gay men with AIDS.³¹ *Jet*, the most popular magazine in the Black community during

³¹ Cathy Cohen. *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999), 221.

these periods published four articles on AIDS in the Black community in 1984. *Jet* magazine did a better job discussing AIDS from 1985 (15 articles), 1986 (17 articles) and 1987 (25 articles) but a radical drop in coverage occurred from 1988 (4 articles), 1989 (9 articles) and 1990 (4 articles).³² *Jet* magazine overall for this period of 1981 thru 1993, had 121 articles dedicated to AIDS coverage in comparison to merely 10 by *Black Enterprise*, a total of 17 by *Ebony* and 25 by *Essence*.³³ The total coverage on AIDS by popular magazines was poor in sounding the alarm of the spread of AIDS in the Black community.

In New York City, the city was the epicenter of the virus, a local Black newspaper; named The Amsterdam News had only three articles written on AIDS in 1983 yet none written in the first two years of the AIDS crisis.³⁴ Even established Civil Rights organizations like the NAACP (founded in 1909), responded publicly in 1989 thru its monthly magazine the *Crisis* with its first article on AIDS - after 17,000 African-Americans were already dead.³⁵ The National Urban League founded in 1911 responded in 1987 in *The State of Black America* with a seven-page article.³⁶

Mainstream popular Black publications failed to sound the alarm of AIDS in the Black community so did the black religious community. Religious Newspapers, such as *The Final Call*, a paper of the National of Islam and Louis Farrakhan began to publish articles on AIDS in 1985. During a period of eight years, the newspaper never reached double digits in the coverage of AIDS until 1989.³⁷ Perhaps this can be attributed to the larger media and scientific community earlier ties of linking AIDS with homosexuality.

³² Ibid.

³³ Ibid.

³⁴ Ibid., 204.

³⁵ Ibid., 260.

Perhaps, *The Final Call* like other journalistic magazines in the Black community had no voice to lead the community out of this false connection of white gay males and AIDS. Whatever reasons were playing a part in the slow response, one thing was clear: AIDS were spreading rapidly in the Black community.

The larger media and scientific community obviously shaped the debate of who was dying of the AIDS virus. The larger white media often stated it was only gay white males and to a large degree this explains why white gay and lesbian publications published most of the stories regarding AIDS to the public and their communities. In 1982, gay publications published 16 of the 22 articles;³⁸ in 1983, gay publications published 145 of the 173 articles;³⁹ in 1984, they published 150 of the 166 articles published and finally in 1985, 240 of the 275 articles on AIDS.⁴⁰ This type of swift action highlighted one reason why white gay community infections were dropping by the late 1980's and African-Americans were increasing steadily since day one of the AIDS crisis.

CONSPIRACY THEORIES AND BLACK DISTRUST OF THE MEDICAL AND SCIENTIFIC COMMUNITY

Between 1932 and 1972, the Public Health Service and agency of the United States Federal government sponsored a study to examine the impact of syphilis in Black males. This study was called Tuskegee Syphilis Experiment and for 40 years almost 400 men were told they were being treated for bad blood and given medication to treat a

³⁶ Ibid., 267.

³⁷ Ibid., 244.

³⁸ Ibid., 241.

³⁹ Ibid.

⁴⁰ Ibid.

common cold and not syphilis they had contracted.⁴¹ The study was meant to show how syphilis affected Blacks as oppose to Whites.

In addition, from 1956 to the mid 1970's, the federal government developed a counterintelligence program to spy on leaders of several organizations: Civil Rights, Black Power, socialist, communist, labor movement and new left white radicals in attempts to expose, disrupt and discredit the political activities of these organizations.⁴²

The Tuskegee experiments along with the J. Edgar Hoover's counterintelligence program (not to mention the introduction of crack into Black neighborhoods in the 1980's) are specific reasons before the arrival of HIV/AIDS why African Americans did not trust the Federal government. The AIDS crisis in the Black community had many Black males believing the disease was an intentional conspiracy to destroy people of African descent, including the African American population. Although, AIDS was not directly linked to the Tuskegee experiment but with two medical crises happening back to back added to the Black community's distrust of the U.S. government. Therefore the slow response of African-Americans to the AIDS crisis was related to its distrust of the government actions or failure to intervene in a medical crisis. The fact that the CDC, an arm of the federal government, did not address the spread of AIDS through education and awareness until seven years after its spread through the Black community added to the conspiracy. During the last twenty years theories of AIDS being injected intentionally in the African American communities were widespread beliefs. This social belief of AIDS was being discussed and debated daily in black male's churches, on street corners, and in barbershops.

⁴¹ James Howard Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981), 5.

⁴² James Kirkpatrick Davis, *Spying on America: The FBI'S Counterintelligence Program* (Westport: Praeger Publishers, 1992), 37.

A study in the *Journal of Acquired Immune Deficiency Syndromes*, conducted by Sheryl Thorburn on the relationship between HIV/AIDS and conspiracy beliefs, showed that African American males endorsed many HIV/AIDS conspiracy theories.⁴³ She showed that African American males believed, more than African American females that AIDS was a form of genocide against Blacks. Also, that AIDS was created by the government as a means to limit the biological reproduction of the Black population. The more people with AIDS and HIV, the less people are likely to infect others and reproduce biologically. Her results also showed many believed the CIA created HIV.⁴⁴ These theories were alive and active in the minds of African American males twenty years ago. If African American males believed that AIDS was a government conspiracy to decrease the Black population and destroy the existence of people of African descent, then the use of condoms as a means of preventing the disease becomes secondary to increasing the Black population. African American distrust of the government clearly plays a critical role in communication of prevention methods.

Given these realities a feeling of Black distrust of the federal government continues as the spread of AIDS lingers as a shadow of darkness on Black America. Consequently, if African Americans, specifically males do not trust the government with accurate and honest information, how could educational and prevention programs be effective under these circumstances?

⁴³ Laura M Bogart, Sheryl Thorburn, "Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African Americans?" *JAIDS Journal of Acquired Immune Deficiency Syndromes* 38, no. 2 (1 February 2005): 213-218.

⁴⁴ "Study: Many Blacks Cite AIDS Conspiracy," *The Washington Post*, 25 January 2005, A2.

THE REAGAN ADMINISTRATION SLOW RESPONSE TO THE AIDS EPIDEMIC

Adding to the conspiracy theories was the beginning of the “Reagan Revolution” in 1981. During the Reagan years, AIDS was introduced in 1978, crack in 1981, and the systematic destabilization African American and minority communities in the United States. The explosive combination of crack and AIDS merely accelerated the increase of AIDS in Black communities and urban areas throughout the United States. Yet, while the Reagan Administration embarked upon Cold War politics and remained silent on AIDS, the inner cities were being devastated by the spread of AIDS. The total federal government spending on AIDS pointed to a sense of indifference by the Reagan Administration or ignorance of the AIDS crisis. By the end of the summer of 1983, the Reagan Administration had no plan to attack the AIDS epidemic, no formal anti-AIDS prevention and educational programs and planned to cut \$ 300,000 in the CDC’s budget for AIDS.⁴⁵ Dr. Marcus Conant, a participant in the congressional hearing on AIDS, summed up the scientific community’s perspective on the administration’s response by stating: “This failure to respond to the epidemic now borders on a national scandal” and “Congress, and indeed the American people have been misled about the response. We have been led to believe that the response has been timely and that the response was appropriate and I would suggest to you that is not correct”.⁴⁶

As more and more Americans became anxious about the AIDS epidemic and political pressure increased daily, Reagan asked his Surgeon General to write a report about AIDS. The Surgeon General who at the time was C. Everett Koop, a religious

⁴⁵ Shilts, *And the Band Played On*, 359.

⁴⁶ Ibid.

conservative fundamentalist, interviewed scientists, public health officials, and gay community leaders. Koop prepared the report and mailed it to the public before the administration could see and possibly edit the report. This report was the first public federal educational document or action by the Reagan Administration on October 22nd, 1986.⁴⁷ The Surgeon General called for federal action to halt the AIDS crisis and its spread. He mailed 107 million AIDS newsletters informing the public of this new epidemic. He also advocated for the use of condoms, testing, confidentiality, non-discrimination, and AIDS education beginning at the earliest possible grade.⁴⁸

Interestingly, it took Ronald Reagan six years to mention AIDS publicly in 1987 and five years to begin an anti-AIDS campaign. The neglect of the federal administration clearly increased the spread of AIDS by not developing educational awareness sooner to inform the public on how this epidemic is contracted and spread.⁴⁹ The government health care officials and agencies like the CDC as well as the Surgeon General had the resources and data to accurately explain which communities were being devastated by this deadly disease. The government's knowledge was not passed down to groups adversely affected until the CDC had made known its information to the National Urban League and the NAACP. Consequently, the slow response of African Americans social and political leadership were not due totally to a lack of caring as much as to a lack of information of how AIDS was disproportionately impacting Black communities. Yet, six years after the crisis the CDC began an educational alliance with elements of mainstream Black organizations.⁵⁰

⁴⁷ "Straight Talk From a Dutch Uncle (Surgeon General C. Everett Koop briefs the press on AIDS booklet)." *U.S. News and World Report*, May 16, 1988, v104, no. 19, p.10.

⁴⁸ "Surgeon General Urges Frank Talk to Young on AIDS," *New York Times*, 23 October 1986, A24.

⁴⁹ David Brand, J.D. Reed, "At Last, The Battle is joined; Washington Fights AIDS with Modest Proposals ... and Heated Debate," *Time Magazine*, 15 June 1987, 56.

⁵⁰ Richard Stengel, "The Changing Face of AIDS," *Time Magazine*, 17 August 1987, 64.

AFRICAN AMERICAN SOCIAL, POLITICAL, AND RELIGIOUS RESPONSE TO THE AIDS PANDEMIC

The white gay community reacted relatively early and quickly to the rising Gay related immune deficiency syndrome (GRID) or AIDS crisis in relation to African Americans. The response was seen by gay doctors in their medical community, they developed the Gay Men's Health Crisis (GMHC) in 1981 after reports surfaced of a rare cancer began affecting homosexual men in New York and San Francisco.⁵¹ By 1984, the GMHC was providing assistance to gay men, heterosexual men, hemophiliacs, and intravenous drug users. A portion of the GMHC success was how quickly it was able to immobilize the white gay male professional community from doctors, bankers, and Wall Street executives. Unlike the White Gay middle class and professionals being infected the earliest infections of African Americans were intravenous drug users, poor Black women and children from inner cities, and Haitian immigrants. These people were not a part of this professional class with wealth and influence.⁵²

Ironically African Americans had more political representation than the White gay community but provided minimum influence in developing an AIDS action plan. From 1981 to 1984, there was not one legislation on AIDS sponsored by the Black members of Congress.⁵³ Beginning in 1985-1987, black members of congress began to initiate legislation to help tackle the increased AIDS epidemic in Black neighborhoods. The number of AIDS related bills sponsored by Black Congress members increased over time but, still were low in comparison to the crisis in Black America. There were 2 AIDS

⁵¹ Shultz, *And the Band Played On*, 120-121.

⁵² Ibid., 103,167.

⁵³ Cohen, *The Boundaries of Blackness*, 304.

related Bills from 1985-1986; 9 AIDS related Bills from 1987–1988; 10 AIDS related Bills from 1989–1990; 6 AIDS related Bills from 1991-1992; 13 AIDS related Bills from 1993–1994.⁵⁴ The lack of leadership from Black Congress members in sponsoring health related AIDS bills was an example of Black elected officials not serving their communities interest during the AIDS crisis.

This lack of leadership forced Black gay and heterosexual activists to provide leadership on the AIDS issue. They challenged mainstream Black institutions to help make a positive contribution to the fight against AIDS. Pastor Bean, an openly Black gay pastor and the members of the Unity Fellowship Church in Los Angeles, California founded the Minority AIDS Project to help reduce the AIDS related suffering and deaths. This organization provided housing, shelter, food, drug and alcohol rehabilitation, psychological service and medical follow up to the local populations of Central and South Central Los Angeles.⁵⁵ However, before creating the Minority AIDS Project, Bishop Bean and his congregation was caring for people infected with the AIDS virus in the early days of the epidemic. Due to his ministry he was the recipient of the NAACP Image Award in 1987 and the Prophetic Witness Award given by the Southern Christian Leadership Conference in 1993.

Other organizations among the first to address the AIDS crisis was the Minority Task Force on AIDS founded in 1985, The Black Coalition on AIDS founded in 1986 by a group of African-Americans to serve the homeless population, intravenous drug users, and low income Blacks.⁵⁶ More organizations and activities emerged. Bishop Yvette

⁵⁴ Ibid.

⁵⁵ Ibid.. 98.

⁵⁶ Ibid.

Flunder founded The City of Refuge Church which provided services for people with AIDS in the Bay City area in California.⁵⁷ Pernessa Seele, founder of The Balm in Gilead's began the Harlem Week of Prayer in 1989 to raise the Church's awareness about the crisis of AIDS in local Black communities.⁵⁸ These are just a few examples of grass root organizations that addressed basic health, housing, and medical issues of people living with AIDS. As more and more community organizations were established, funding was becoming a problem and African-Americans began finding themselves competing with established white gay organizations that had more expertise and social influence on how to obtain AIDS funding.⁵⁹

As a result of African-Americans becoming disproportionately affected by AIDS, local Black AIDS organizations began to assert political pressure on the Congressional Black Caucus (CBC). Prior to 1995, the effectiveness of the Black Caucus on AIDS awareness and funding was to some extent unsuccessful. However, the election of Representative Maxine Waters as Chairperson of the CBC in 1997 changed that. She extensively and affectively lobbied the Health Secretary, Donna Shalala to declare a public health emergency to eliminate the AIDS crisis in the African-American community. Her leadership led the CBC to declare AIDS a public health emergency and influenced President Bill Clinton to allocate 156 million dollars to be used to address the AIDS crisis in these minority communities.⁶⁰ From 1998 forward the congressional Black Caucus has been actively involved in gathering federal dollars in the fight against

⁵⁷ "20th Year of AIDS Marks Release of New Church-Sensitive Outreach Material." *Business Wire*, Internet, available from www.acgis.com/NEWS/BW/2001/BW010506.html (accessed 5 September 2006)

⁵⁸ Cohen, *The Boundaries of Blackness*, 282.

⁵⁹ *Ibid.*

⁶⁰ "Remarks announcing the HIV/AIDS initiative in minority communities," *Weekly Compilation of Presidential Documents*, no. 44 (2 November 1998): 2166.

the spread of HIV. The slow involvement of the Black Caucus may be related to the prolonged political fight against the Reagan administration right wing politics as well as the social conservative nature of African Americans on cultural issues.

However, attempts to persuade African American churches to join the struggle against AIDS have been a major challenge. A major stumbling block appears to be that many churches still connect AIDS with homosexuality.

AIDS, HOMOSEXUALITY: THE CONFLICT BETWEEN THE BLACK CHURCH AND BLACK GAY COMMUNITY

While studying at Union Seminary in 1989, my interest in Pentecostal scholarship led me to the work of Dr. James Tinney. Dr. Tinney was born in 1942, in Kansas City, Missouri and by the age of 18 he was an ordained Minister. He pastored churches in Arkansas and Missouri in the mid-1960.⁶¹ He was married in 1962 to Darlene Woods but the marriage ended in 1969 when he informed his wife he was gay. After his confession his wife and pastor rejected him and cut him off from his family, children (2 daughters), and the church.

In 1979, Tinney publicly acknowledged in an address to the initial Third World Lesbian and Gay Conference that he was gay.⁶² In 1980, he organized the Pentecostal Coalition for Human Rights that enabled gay and lesbians reconcile their Pentecostal beliefs with their gay lifestyle.⁶³ In 1982, Tinney infuriated Bishop Samuel Kelsey by organizing a three-day conference for gay and lesbians, this conference led to Tinney's

⁶¹ "James Tinney Collection." *The LGBT Religious Archives Network* . Internet, available from [Http://www.lgbtran.org/pioneers.asp](http://www.lgbtran.org/pioneers.asp) (accessed 19 March 2006).

⁶² Ibid.

⁶³ Ibid.

ex-communication from the Church of God in Christ.⁶⁴ After Dr. James Tinney was excommunication from the Church of God in Christ in 1982 he organized Faith Temple, a non-denomination church comprising of mostly Black Gays and Lesbians as well as holding several conferences servicing this population.⁶⁵

Tinney's lifestyle was in direct conflict with the polity of the Church of God in Christ. Tinney was obviously a brilliant organizer of human rights; yet, despite Tinney's brilliance he appeared to be naïve about AIDS. His naivety was evident during a conversation with Gil Gerald, a Black AIDS activist in 1983. Gerald was sharing with Tinney the disproportionate infection rates among Blacks with AIDS and Tinney's response was that AIDS was a government conspiracy to destroy members of the Black community both gay and straight.⁶⁶ However by 1988, Tinney would die of complication from AIDS and the Black community would loose brilliant intellectual African American religious historian, member of the Black press, and human rights activist.

The African American Gay community has been active in the struggle against AIDS almost from its inception. The media and scientific linkage of AIDS with "White" homosexuality were earlier influences that slowed the social, political, and psychological connection of AIDS as a devastating disease impacting African Americans. Ironically, even brilliant intellectuals such as Dr. James Tinney and informed Black Gay activist like Phil Wilson, one of the founders of the National Task Force on AIDS stated his first reaction to the AIDS crisis was "Thank God this is happening to them and not us", believing this was a gay white man's disease.⁶⁷

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Shilts, *And the Band Played On*, 95.

⁶⁷ Cohen, *The Boundaries of Blackness*, 96.

With the rise of AIDS hysteria, popular religious media networks and personalities in the early 1980's attacks on the gay lifestyle increased daily. Although Black Clergyperson's anti-gay lifestyle position has always existed. The onslaught of the AIDS hysteria seems to have ended the quiet social acceptance and peaceful existence between Black Clergyperson's and their gay membership. AIDS drew the line between quiet co-existence and acceptance to open warfare and anger on the part of Black Gay and Lesbian activists. Likewise, African American Clergyperson with AIDS ministries has drawn the distinction between supporting those affected by AIDS, but still rejecting the gay lifestyle.

REV. GEORGE McRAE AND MOUNT TABOR MISSIONARY BAPTIST CHURCH

Although African Americans and their churches have been slow to join the fight against AIDS there are churches that have taken up this battle. One example was Reverend George McRae, who in 1989 was invited to a local hospital by a White Chaplain. This meeting was an educating experience for Reverend McRae when they walked through a ward filled with Black men and women dying of AIDS. McRae stated, "It was embarrassing and painful, that someone from another community had to call me show me how my own people were suffering".⁶⁸ McRae's was the leader of the Mount Tabor Missionary Baptist Church in Liberty City, a predominately Black section of Miami which was plagued by poverty, drugs crime, and AIDS.

⁶⁸ Ann Carrns. "One Black Church in Miami Takes a Rocky Journey to Confront AIDS," *Wall Street Journal*, 14 February 2002, A1.

This meeting motivated him to begin an AIDS program and he later stated the fact that in 2002, “every Black church should have an AIDS ministry” but few have during a time when AIDS is raving the Black community.⁶⁹ The Mount Tabor church AIDS ministry include weekly condom giveaways, food ministry, a forum to encourage HIV testing and visit to jails where the rate of infections are high among the Black prison population. His church had roughly 950 members in 2002, among this group 329 were recovering drug addicts and 82 were HIV positive.⁷⁰ Although McRae totally lacked the full affect of the devastation and impact AIDS was having on the Black community in 1989, but he was one of the few churches trying to reduce the pain and death caused by AIDS in his community.

In the fall of 2000, Rev. McRae gave a talk on AIDS during an AIDS conference in Atlanta regarding the Black church being a change agent. One attendee Roosevelt Mosby Jr, a gay advocate in Oakland stated in response to the speech “The black church has allowed gay black men to die like flies” and “before the church can be a change agent, it has to change its very self”.⁷¹ This type of anger directed at the church was derived from members of the Black gay community and many heterosexual clergyperson were still concerned about the growing AIDS epidemic. However, Rev. McRae responded to this criticism by stating “I cannot condone homosexuality because the Bible doesn’t but “I don’t reject a gay person, any more than an adulterer or a murderer” but “homosexuality in the African American community is an unforgivable sin” and “it’s something much deeper than the church”.⁷² Rev. McRae believed the root of Liberty

⁶⁹ Ibid.

⁷⁰ Ibid

⁷¹ Ibid.

⁷² Ibid.

City AIDS crisis was because of drug abuse not homosexuality.

The reason why the African American church does not accept homosexuality is culturally connected to Black sexuality and masculinity. Rev. McRae believes “once you admit you’re gay, it puts a question mark behind your manhood. Its like, he’s not sure he’s a man, or not sure he wants to be a man”.⁷³ Yet, the irony of the issue and controversy surrounding homosexuality in many socially conservative churches in fact tolerate gays in leadership capacity, such as coordinator of music and musicians so long as they maintain quietness of their sexuality. Yet, many Black churches have had members of their congregation pass away from AIDS who have not only been straight, but gay, and in leadership capacity in some form in the local church as Mount Tabor experienced in 1990. Strategically, McRae developed a non profit organization separate from the church that worked with a Miami gay organization that would service members of his church who are gay that need help or those in the Liberty City community

REV. WILLIE WILSON AND UNION TEMPLE BAPTIST CHURCH

Reverend Willie Wilson, the pastor of Union Temple Baptist Church in Washington, D.C., a former Mayor candidate and the Executive Director of the Million More March in 2005. Rev. Wilson established an AIDS ministry in the mid 1980’s under the AKOMA program which helps to minister to the health, housing, and financial needs of HIV/AIDS infected people in the Washington, DC area. His ministry included working closely with Black gay and lesbian “brothers and sisters” for over 15 years under the

⁷³ Ibid.

“HIV/AIDS Huggin’ Ministry”.⁷⁴ Yet, while reaching out to this segment of the Black community Rev. Wilson was critical of the same community he helped. On July 3rd, 2005 he preached a sermon that angered members of the Black gay community by stating “sisters making more money than brothers and its creating problems in families...that’s one of the reasons many of our women are becoming lesbians”.⁷⁵ In another sermon excerpt he stated, “Lesbianism is about to take over our community”.⁷⁶ Rev. Willie Wilson who has been a long time supporter of AIDS ministries in the Washington, DC area illustrates how Black religious leadership can support AIDS ministry without being pro-gay.

Rev. Wilson’s AIDS ministry was among the first Black churches in the United States that reached out to all segments of the African American community. His ministry included forums to better understand relationships between Black Gays and the Church community. His organization also helped reconnect Black Gays and Lesbians with their families. On the one hand, Rev. Wilson church ministry clearly exemplified a willingness to include all segments of the African American community, particularly those with AIDS but criticized the same community he professed to help. Yet, he worked hard to incorporate the Black gay community into his church but blamed the very community he set out to help for some of the family problems in the Black community

⁷⁴ “Pastor Apologizes for Remarks on Lesbians.” *Washington Post*, 30 July 2001, B3.

⁷⁵ Katherine Volin, “Minister’s Fiery Anti-Gay Sermon Riles Activist.” *Washington Blade*, Internet, available from <http://www.washingtonblade.com/2005/7-15/news/localnews/minister.cfm> (accessed 19 March 2006).

⁷⁶ *Ibid.*

BLACK CLERGY SUPPORTING GAY CONCERNS: JACKSON, SHARPTON, FORBES, AND WRIGHT

More progressive African American clergymen such as Jessie Jackson, Al Sharpton, and James Forbes of Riverside Church all support gay concerns. The Reverend Al Sharpton pledged his commitment to address the anti-homosexual attitudes in the African American community. Sharpton met with Black men's Xchange (BMX), a group of gay and bisexual Black males in Manhattan, to work together to combat anti-gay attitudes and behaviors in the Black community. According to Sharpton, "up until now, a few people have invited me to make speeches on homosexuality in the Black community" and "what has been needed are some real strategies, dialogues and programmatic approaches to addressing the unproductive and sometimes hypocritical perspectives on homosexuality in the Black churches and community".⁷⁷

At another meeting held at First Iconium Baptist Church in Atlanta on January 21st, 2006 a weekend Summit was organized by the National Black Justice Coalition (NBJC), a group composing of Black homosexual, bisexual, and transgender activists seeking to end the poisoned atmosphere surrounding the acceptance of gay and lesbians.⁷⁸ Sharpton and the NBJC invited religious leaders to help them brainstorm on ways to have clergyperson show tolerance and acceptance of gay and lesbians. Rev. Al Sharpton was the keynote speaker and asked clergypersons to help end this poisoned atmosphere of hatred and bigotry toward this segment of the black church communities' population.

⁷⁷ Al Sharpton . "Sharpton Steps Up Pledge To Heal Anti-Homosexual Attitudes in the Black Community," *The New York Amsterdam News*, 9-15 March 2006, p.17.

⁷⁸ "Black Gays Ask Clergy For Tolerance," *The Washington Post*, 22 January 2006, A17.

Jeremiah Wright, a United Church of Christ pastor in Chicago wrote a book titled *Good News for Homosexuals* and supports the Black Gay community efforts to eradicate homophobia and AIDS. His membership is approximately 3,000 people and has been very successful integrating these volatile issues into the life of his church ministry.⁷⁹ Also, there is James Forbes, Senior Minister at Riverside Church who has been an outspoken voice for gay concerns and a supporter of AIDS ministries. As a matter of fact, Forbes takes the position that until the Black church deals with Homosexuality it cannot adequately deal with AIDS.

Jesse Jackson has a long history and legacy of supporting gay causes as far back as the mid-1980's when he was running for President of the United States. Jackson's rainbow Coalition incorporated a multitude of openly gay groups and Black gay leadership. One such person was Gil Gerald, a gay black man and the national coordinator of the Gay and Lesbian group supporting the Jackson campaign. Jackson was among the first clergyperson who openly supported and integrated gay concerns into his rainbow coalition organization even during the height of the social and political conservative movement in America. These men are merely four African-American clergypersons who have voiced alternative perspectives on gay issues. They attempted to forge a more positive attitude towards the gay community and among all religious and secular communities.

⁷⁹ Dawn Turner Trice, "Black Church has vital role in fighting AIDS," *Chicago Tribune*, 12 July 2004, A12.

POWERFUL BLACK CLERGYPERSON OPPOSING GAY CONCERNS

As the Congressional Black Caucus, black intellectuals, and social activists began to voice their support for gay concerns, powerful African American clergy across denominations organized religious opposition to these movements. On June 24th, 2004 over 30 clergyperson representing all major black non-denominational and denominational churches gave a statement to the press “opposing the homosexual agenda” and supporting a Federal Marriage Protection Amendment as a means to counter the “judicial destruction of traditional marriage.”⁸⁰ Supporters for opposing the gay agenda included: Bishop G.E. Patterson, presiding Bishop over 15,000 churches of the Church of God in Christ with 6 million members; Archbishop Timothy Baymon of the World Bishop Council; Bishop Charles Blake; Rev. T.D. Jakes; Rev. Dr. Frederick Price; Bishop Paul Morton; Bishop Eddie Long; and Pastor Ira Hillard all with membership of 20,000; and former congressmen Rev. Floyd Flake of New York. These powerful voices with the backing of their denomination challenged Black elected officials not to support the gay-lesbian agenda. This agenda they believe runs counter to the majority of Black churches as well as their constituency interest. Several members of this group gathered in Washington, D.C. to influence the congressional Black caucus not to support the “gay agenda”.

The conflict in the African American community between the Black church leadership and leadership of the Black gay and lesbian community is both one of conflict

⁸⁰ Keith Peters, “African-American Pastors Stand Up to Lawmakers on Marriage.” *Focus on the Family*, Internet, available from <http://www.family.org/cforum/fnif/news/a0033634.cfm> (accessed 23 March 2006).

as well as attempts of reconciliation. The conflict was derived from years of anti-gay sermons by preachers, homophobic language, and negative treatment of the Black gay community.

Given the raging debate over the legitimacy of homosexuality and AIDS in the African American community one thing remains clear – a lot of people are dying and being infected with AIDS. Therefore, this project attempted to put aside our political and theological perspectives and focused upon AIDS ministry. Richard Schaper expresses my thoughts best on the urgency of the church to minister to the needs of people living with AIDS (PWA):

"The church, however, cannot and need not wait to reach a consensus on homosexuality before addressing the staggering spiritual need of those who are ill with AIDS. Surely, a stricken human being need not be of a certain sexual orientation in order to qualify for the compassion of Christ and the church...reaching out in mercy to someone with AIDS implies more about the faith of the church than it does about the morality or immorality of the sufferer".⁸¹

Finally, the church needs to be involved in the prevention of the spread of AIDS regardless of how the disease can be contracted. It is ironic that the overwhelming majority of Black churches has a blinded eye to AIDS prevention activities but have 20/20 vision on the logistics of burying people who have died from AIDS. My experiences of family and friends dying of AIDS; conducting communion services for

⁸¹ Letty M. Russell. *The Church with AIDS: Renewal in the Midst of Crisis* (Louisville: Westminster Press, 1990), 183.

homebound people in Harlem; visiting the terminally ill at Harlem hospital; and volunteering at the Upper Room AIDS ministry all contributed to opening my eyes to a different segment of our community in pain. These experiences has influenced my religious faith to make room for love, unity and hope that a unified African American community can tackle problems of death, dying and disease and provided any creative means for healing one another's pain and suffering despite one's theological, political and social differences.

CHAPTER THREE

HIV/AIDS STIGMATION: THE SOCIAL AND RELIGIOUS INTREPRETATION OF MANY AFRICAN AMERICAN CHURCHES

The majority of African American Churches in the United States have no AIDS ministries or support groups. These Churches do not see AIDS as an institutional, medical, or social issue having a top priority on their spiritual, social or political agendas. This is evident by observing African American church bulletins on Sunday mornings and noting the absence of HIV/AIDS ministries among the list of church ministries. The bulletins of African American church usually lists hospitals, prison, nursing home, sick and shut-ins ministries, including schedule of Sunday morning and weekday services but no HIV/AIDS ministries.

Among the reasons why the majority of African American churches do not have AIDS ministries or support groups, are issues surrounding sex, sexuality and morality have traditionally been off limits and isolated to the realm of sinful behavior and lifestyle.

Furthermore, if the development of an HIV/AIDS ministry had to include discussions about AIDS, sex, sexuality then many church leaders may feel they have very little, if any, expertise in discussing or leading conversations on these issues. Also, many church leaders already feel inadequate about developing HIV/AIDS prevention strategies and even less secure about sex, sexuality and methods of AIDS awareness. Yet, with the growing numbers of African-Americans with AIDS in the church, community, and the

gay membership in many Black churches, ignoring any conversations on these topics will be difficult.

The lack of social support for AIDS ministries, sermons on the sinfulness of homosexuality, and the church's silence on the high AIDS death rates have added to the perception from gays that the African-American church is homophobic.

The majority of African-American Christians within Black congregations view the homosexual lifestyle as sinful and abnormal. This perspective that homosexual lifestyle is a sin against God's divine creation adds to the church's belief they are not homophobic but merely applying God's word to a specific religious area..

The majority of African-American Christians view the contraction of AIDS, whether contracted through homosexual relations, drug use, or promiscuity as an infection contracted by "immoral" means. The Rev. Dr. Wallace Charles Smith, Chairman of the Progressive National Baptist Convention AIDS Task Force states, "AIDS is linked to activities that many churches labeled "immoral"-- non-monogamous sexual relationships, substance abuse and homosexuality."¹ Because of the negative stigma attached to HIV/AIDS, any person that has contracted AIDS under these circumstances feels isolated.

The source that informs African-Americans of the sinfulness of homosexuality is the Bible. Many Clergyperson have preached homosexuality is an abomination before God. This idea is rooted in the Old Testament passage of Leviticus 20:13.² This scripture suggests that since homosexuality is sinful and against the moral principles of God.

¹ Progressive National Baptist Convention *AIDS TASK FORCE*. Internet, available from www.pnb.org/aidshiv/aids1.html (accessed 16 April 2006).

² "The King James Bible," See Leviticus 20:13 (Nashville, TN: Thomas Nelson Publishers,1988).

Therefore, when AIDS arose as a public health crisis in the early 1980's some churches and clergy viewed the disease as God's Punishment for those who lived a gay lifestyle – ignoring any other reasons for contraction. The perspective influenced the thinking of many Christians until the late 1980's when the disease began to disproportionately affect heterosexuals and Christians from various backgrounds who were not homosexuals.

Consequently, the scriptural basis of Leviticus 20:13 is the dividing line preventing most Christians regardless of race from accepting the gay lifestyle. Thus, if a particular category of sin (homosexuality, I.V. drug use, prostitution) is an abomination before God it is to be rejected. The rejection of the "sin" brings a spirit of coldness against the "sinner", intentionally or unintentionally. How AIDS was contracted adds to the stigma, regardless of sexuality.

Moreover, even heterosexuals with AIDS, whether married or not have often been viewed with the suspicion of living a sinful lifestyle. Thus, moral judgments and behaviors not medical concerns prevailed in Christians and non-Christians treatment of those who had contracted the HIV/AIDS virus.

Since many African-American Holiness-Pentecostals believe that the "body is the temple of the Holy Ghost" as stated in II Corinthians 6:16, how a person treats their body is critically important.

"And what agreement hath the temple of God with idols? For you are the temple of the living God, as God hath said, I will dwell in them, and walk in them; and I shall be their God, and they shall be my people. Wherefore come out from among them, and be ye separate, saith the Lord, and touch not the unclean thing; and I will receive you."³

³ *Holy Bible*, II Corinthians 6:16.

The application of this scripture by Christians towards those living with AIDS may bring moral judgments and a feeling of further isolation. People with AIDS have often been viewed as unclean due to the belief their contraction of AIDS in sinful ways and the reaction from Christians have been separating themselves from this person.

This scripture is a call for separation internally and externally from anything or anyone deemed unclean. Therefore, an IV drug user, according to this scriptural interpretation from the “Holiness” mindset, is defacing his/her body with drugs and is not only unclean but also separated from God. This separation from God results from God’s disassociation with idols--anything unclean and destructive to the temple of God, our bodies. Subsequently, many African-American Holiness and Pentecostals view I.V. drugs users (including homosexuals) with AIDS had committed a sin by defacing the temple of God. Likewise, this interpretation of II Corinthians 6:16-17 applies to people who are prostitutes—persons who sell their bodies for sex in exchange for monetary gain. These, among other examples, are powerful images of unacceptable behavior to the church and causes tremendous guilt and shame for those who have contracted HIV/AIDS.

Almost all HIV/AIDS victims are stigmatized as “sinners” perpetuating immoral behavior such as drug use, promiscuity, homosexuality, or some other risky behavior. However, the lifestyle of some people who contracted HIV/AIDS is not above criticism. For example, the former Deputy Director of the homeless shelters in New York City, Edward Jarvis, was an AIDS activist who endured personal difficulties that resulted from alcohol and drug addiction and engagement of “sex with strangers”.⁴ Edward himself was critical of his own risky behavior and admitted that such behavior placed him at risk of contracting HIV/AIDS. Likewise, all unhealthy sexual practices (multiple partners)

and risky sexual behaviors (sex with strangers without condoms) should be criticized without attaching labels to people.

The powerful cliché, “hate the sin but love the sinner” in African American churches contributes to the problem. The “sin” and its implied behavior is the focus while the present pain of those infected is neglected. It is our responsibility to emotionally, spiritually and financially support the afflicted so the burden that HIV/AIDS causes can be eliminated.

Historically, the political priorities of the African American Church have evolved since the Civil Rights Movement of the 1960’s and 1970’s. These rights are basic social service issues and concerns such as health care, education, housing and employment. Since the fundamental problems of African Americans continues to be employment, housing, and health care, the AIDS pandemic has not been fully recognized alongside the traditional Civil Rights platform; however, this is beginning to change. Slowly the African American Church and community are beginning to recognize the plight of people with HIV/AIDS and their healthcare and housing issues.

THE CHURCH’S ROLE IN EDUCATION AND PREVENTION

Most churches in America, and African American churches in particular, do not view sex as an issue that needs to be addressed. The extent to which sex and HIV/AIDS prevention is addressed in the general public is the dissemination and use of condoms. The extent to which it is addressed in the African American Church is abstinence, if and

⁴ “In Connection News,” *Westchester Weekly*, 22 February 2003, 5.12

when sex is addressed at all. Moreover, the safest sex practice is deemed abstinence or having sex in the confines of marriage. Since churches in the United States generally do not condone sex outside of marriage, with or without condoms, the fact that these prevention techniques are in direct conflict with one another is relevant.

The safe sex perspective of the African American Church is sex within the confines of marriage. This prevailing perspective is not expected to ever change given the Biblical and moral mandates within the church community. This would be most true within the Church of God in Christ (COGIC) denomination. The COGIC Official Manual reflects the general African American Church perspective on sex in the Christian life:

*"We advocate marriage as being a natural and divine institution sanctioned by Christ. "For this cause shall a man leave his father and mother, and shall cleave to his wife; and they twain shall be one flesh." We believe that within a marriage the sacred privileged of coitus rights is intimately involved with two major purposes of marriage, companionship and procreation. Any conjugal expressions outside of marriage are sinful and contrary to the purpose of God."*⁵

This perspective was written in 1973 before the public health crisis of HIV/AIDS and to date remains the prominent position of the COGIC Church; and most likely, reflects the perspective of almost all denominational bodies in the United States. While this author supports this position even in the 21st century, the writers of the manual made another observation regarding the parental role in sex education of their children. The COGIC Official Manual further states:

*"We believe that parents should assume the responsibility of interpreting sex education values and facts as wholesome to their children throughout their formative years; and where inadequate or improper instructions have been given, qualified persons in the church should teach reverently the beauty of sex in the Christian life."*⁶

⁵ *Church of God in Christ Official Manual* (Memphis, TN: COGIC Publishing House, 1973), 128.

⁶ *Ibid.*, 129.

The role of the parents is clear within the COGIC Church; parents have the first and most important responsibility in teaching and instructing their children regarding sex education and its consequences. Thus, can parents instruct their children to use condoms ensuring a wholesome lifestyle in their formative years? Absolutely! The manual expounds that if the instruction is viewed as inadequate or improper, a member of the institutional church can provide additional teaching. However, there are some churches that are attempting to challenge and break from the socially conservative theological positions to openly discuss issues of AIDS and sexuality. One such example is the Church Connections Project in Durham, North Carolina. The Church Connection Project is the work of six area churches that are actively involved in the plight of the healthcare of teenagers. This organization, under the leadership of its Founder, Michele Bowen Spencer, has sponsored seminars that address controversial topics such as HIV/AIDS and sexually transmitted diseases (STDs).⁷

Given the issues discussed above, it is clear that creative educational awareness must integrate African American perspectives and concerns with non-traditional ideas of HIV/AIDS prevention. The success of such would be the catalyst for the development of HIV/AIDS ministries and prevention techniques. The objective is to design a program and ministry that are sensitive to, yet, not offensive to the African American Church and its leadership. The type of transformation can only be accomplished by the African-American Church (clergy and congregants) by participating in and developing an HIV/AIDS ministry outreach or organizing a support group in the local church.

⁷ C. Eric Lincoln and Lawrence Mamiya, *The African-American Church in the African American Experience* (Durham: Duke University Press, 1990), 101.

CHAPTER FOUR

INITIAL ASSESSMENT OF SITE TEAM ATTITUDES AND BELIEFS ON HIV/AIDS

In the beginning of the Demonstration Project, a site team was formed. The groups were consisted of people from different churches in the New York and New Jersey area that had an interest in helping me with this project and developing an AIDS ministry for African-American churches. Some members were recommended by local pastors and others joined the group as we contacted different churches seeking support. Our initial group consisted of fifteen people and dwindled to five core members after six months. Ultimately, the working group by the end of the project consisted of five dedicated people working a lot of hours. The team met to discuss HIV/AIDS topics, put in long hours contacting over 200 churches, met with congregations, wrote proposals, participated in fundraising, and conducted an AIDS survey. Our first collective meetings took place on March 6 and 13 of 2004 with eight people from New York and seven from New Jersey.

MARCH MEETINGS

On Saturday, March 6th 2004 members of the New Jersey team met to discuss their thoughts on the topic of HIV/AIDS and the African-American Church. During the New Jersey meeting, Cassandra Roberts and Sadio Orelion and I realized it would be a good idea to obtain an initial assessment of each the team member's attitudes and beliefs

regarding HIV/AIDS issues. This meant exposing deep private beliefs on this AIDS and the church. We agreed that our focus for the next two months would be to create a survey, implement the survey, participate as a team in an AIDS activity, and raise funding for HIV/AIDS home visits.

On Saturday, March 13th 2004, the New York team met to confirm the plan of a survey. The team decided to add two additional topics to the survey focusing on the religious and the political spectrum. This enabled us to gather what the team perspective was concerning social and political on issues of sex, sexuality, AIDS. This idea originated from the presidential campaigns and the media discussing the Christian's social position on issues surrounding abortions and gay marriages. Therefore, the religious and political spectrum was added and members were asked to think about and classify their viewpoints as conservative, moderate, or liberal. The rationale for assessing ones religious and political viewpoints is to measure the degree of emphasis that each person puts on a social and theological issue.

On April 15th 2004, I received the surveys (Appendix A) from site team members and compiled the data. My immediate observation was that I was the only member of the site team who considered them-selves to be politically liberal on social and religious issues.

THE SITE TEAM AIDS SURVEY ANALYSIS

We developed a survey to obtain an insight into the attitudes and beliefs of African American Christians who represented different religious affiliations with the African American community. I wanted to try and get a sense of the issues and problems

facing the African American Church by getting the perspective of my team members on issues surrounding HIV/AIDS and the church. Eight site team members participated in the interview and were given eighteen (18) questions to answer.

The religious backgrounds of the members who completed the survey were as follows: two members were from large Pentecostal denominations; namely the Church of God in Christ (Sarah Johnson and Ricky Boyd), another from the Apostolic faith (Felecia Wright) and two others from smaller independent Pentecostal fellowships (Cassandra Roberts and Pam Murray). Janet McKnight belongs to a Baptist fellowship named The Cathedral in Perth Amboy. The Cathedral, while associated with the Baptist Church, is more aligned with the Charismatic Baptist fellowships--a term coined in the late 1980's and early 1990's to Baptist churches that had been influenced by the Pentecostal worship style. Finally, Devonna Cousins belongs to the Reform Church of America; however, she often worships in traditional African American fellowships such as the African Methodist Episcopal (AME) and The Church of God in Christ (COGIC).

SITE TEAM RELIGIOUS AND SOCIO- POLITICAL SPECTRUMS

Most site team members who completed the survey considered themselves to be religiously conservative. I was the only site team member who considered themselves religiously liberal. In general, I am more liberal religiously than the other members of the group and it is a well-known and often stated fact in our meetings and discussions.

The other six members of the site team who completed the survey all stated they are religiously conservative. The members who considered themselves conservative religiously have a traditional understanding of homosexuality as sinful in accordance

with Old Testament biblical interpretation. The conservative members that view “homosexuality” as a sin believe that a lifestyle change is necessary as required by scripture. However, while all survey participants believed that homosexuals should not be excluded from participating in the life of the church, they did object to other ministry participation. For example, Cassandra and Janet are opposed to homosexuals preaching. Although Janet is opposed to gay Clergypersons, she is not opposed to them participating in the life of the church. The site team’s views tend to reflect the larger conservative Christian population on attitudes in the United States irrespective to race, gender, or class.

In the area of political perspectives, most members of the site team defined themselves as politically conservative to liberal on social issues like abortion or concerning a woman’s right to choose. Devonna and Janet had no problems supporting a women’s right to choose while those who were Pentecostal did not support a woman’s right to choose (Sarah, Cassandra and Pam). I myself support a women’s right to choose but not totally comfortable with abortions being performed as widespread as it is now in American life. If economic reasons are the rationale for most abortions, then it becomes necessary for political and economic institutions to find ways to prevent abortions from happening solely based upon economics. In the case of rape and incest, I support such institutions as Planned Parenthood.

SITE TEAM ATTITUDES AND PERCEPTIONS TOWARDS PEOPLE LIVING WITH HIV/AIDS (PWA)

- *Do you personally know someone with HIV/AIDS?*

Each team member knew family and/or friends who had passed away from HIV/AIDS including Devonna who in her April survey cited that she did not know of anyone passing away from HIV/AIDS. However, by July, Devonna had attended a funeral of a family friend who died of this disease. Cassandra, who works in the nursing profession, had known of many people who have passed away from this disease.

- *Do you believe people who have contracted the disease contracted it as a result from a sinful lifestyle?*

Janet, Sarah, Cassandra and Felicia believed those who contracted HIV/AIDS did so out of a sinful lifestyle, except those who had blood transfusions and those who were married but their partner's behavior infected them. Devonna took a more non-judgmental stance by stating, "God will be the judge." Pam stated, "some could of" contracted out of a sinful lifestyle. My perspective is, religious institutions that are not educating, participating in ministries, or helping to prevent the disease are living sinful lives and are no different from people who willingly and knowingly affect and infect others with HIV/AIDS. Therefore, I see drug users, and people who infect their marriage partner as living a sinful lifestyle. Yet, I do not distinguish their behavioral ignorance from churches that are doing nothing to help prevent the spread of this disease. The spread of the disease is sinful whether it is from personal infection or institutional insensitivity.

- Is HIV/AIDS a disease from God to punish those who live in a sinful lifestyle?

From 1981 to 1986, the conservative religious community perceived HIV/AIDS as God's Punishment, despite the infection of heterosexuals. As an undergraduate student at SUNY Binghamton in the spring and fall of 1983-1984, I vividly remember a few African American Christian students verbalizing these thoughts. The thinking 20 years ago has not changed much regarding HIV/AIDS as God's Judgment for sinful behavior. The "sinful behavior" does not necessarily have to be homosexual anymore, but includes the parameters of drug abuse, adultery, and promiscuity. The irony is some Christians still prescribe to this thinking 20 years later as reflected in the surveys. This type of thinking continues to create a disconnection between progressive church activity, educational awareness, and positive community action.

Janet and Sarah believe this disease is from Satan. While Janet believes it is from Satan she states, "God can use those who have HIV/AIDS to show us he is still a healer; or it could be a warning from God to choose to leave our lives to his will (the Bible)." Felicia clearly views that contracting HIV/AIDS is a punishment from God for living in a lifestyle such as homosexuality, drug abuse or any type of sexual promiscuity. Pam stated, "HIV/AIDS could be a punishment from God...it could be a way for God's name to be praised." Devonna analyzed this question in a broad religious framework resonating, "all have sinned, be it homosexual, heterosexual or bisexual." Therefore, she sees contracting the disease from a punishment perspective but not limited to homosexual lifestyle but inclusive of all behavior regardless of sexuality. Cassandra answers this question in relation to free will. She states, "God gives us freewill and we make harmful choices and we then suffer the consequences of our choices."

My perspective is this disease should not be associated with sin but thought of as a biological tragedy and thus not a punishment from God. It is not surprising that many Christians today still have beliefs that God punishes homosexuals with AIDS for living a lifestyle not pleasing to God. These beliefs are symbolic of the larger African American community, particularly, among some Pentecostal congregations.

MOVING BEYOND THE STIGMA

It is clear that HIV/AIDS is not a disease created by God to punish homosexuals, IV drug users, or people who are promiscuous. Jesus never punishes sin with disease, and, if one believes that God does punish sin with disease how would we explain a baby born with HIV/AIDS? The reality is HIV/AIDS is a worldwide tragedy that victimizes millions of people. Moreover, HIV/AIDS is neither God's will nor God's way to make people or their families suffer. Thus, we as Christians must never connect HIV/AIDS or another illness with Jesus' punishment for sinful behavior. Furthermore, as long as some moderate to conservative Christians and churches continue to believe that contracting HIV/AIDS is associated to sinful behavior, then responding to the disease will be slow to non-existent. Also, as long as the liberal religious leaders believe other issues are more a priority than issues surrounding HIV/AIDS this disease shall continue to hamper the health of the African American community. There should not be a moral measurement when it comes to helping people overcome the emotional and physical pain caused by HIV/AIDS.

- *Do you feel people with HIV/AIDS are stigmatized by having this disease?*

All members agreed there is some form of stigmatization associated with having HIV/AIDS. All agree that those who have this disease are looked at differently. The reason why is that most people automatically speculate concerning the person's sexual orientation or recreational habits. Felicia believes the older saints tend to stigmatize more than the younger members of the church. I relatively agree with this assessment.

- *What is the most pressing health issue in the African-American Community?*

Most members see HIV/AIDS as the most pressing health care issue in the African American community. Devonna believes that HIV/AIDS and Diabetes are equally destructive to the larger African American community. Janet believes having no health care is the most pressing medical/health care issue. She believes that no health care leaves a person and their family medically unprotected and thus unable to gain access to medical prescriptions to help fight sickness and disease.

SITE TEAM REFLECTIONS ON THE AFRICAN AMERICAN CHURCH ATTITUDES AND BEHAVIOR TOWARDS PEOPLE LIVING WITH AIDS

- *Do you feel churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?*

Most site team members see the church as stigmatizing people with HIV/AIDS. They agree that the majority of churches tend to judge the moral lifestyles of people with AIDS. Also, most members agree that the church would welcome people with AIDS into their congregation; yet, they marginalize them.

- *Should churches show public support towards people living with HIV/AIDS?*

Most site team members agree that churches should show public support by praying, participating in an AIDS Walk and joining activities that increase awareness of the disease and its prevention

- *Do you think your church would be supportive of a heterosexual Christian with HIV/AIDS?*

Most members' churches have no problem being supportive of someone who has HIV/AIDS.

- *Do you think your church would be supportive of a gay Christian with HIV/AIDS?*

Most members stated that their church would welcome them into the church. Devonna states, "While they would be welcomed, we would not be in favor of their homosexuality." My church would likewise welcome them but would embarrass them. During the delivery of the sermon my church would take a clear anti-Gay position. Felecia states, "they would be welcomed into the life of the church after being given full Biblical instructions and got saved – whether they are Gay or straight." Cassandra states, "they would be welcomed but not as part of the leadership role of the church." Janet mentions that her church has many members who are open about their sexuality and recalls one night an openly Gay male encouraged the membership to support the HIV/AIDS ministry.

However, most members' churches would not accept any openly Gay person speaking and encouraging members to join any type of ministry in their local assembly. Pam mentions that her church would not be supportive of someone who called themselves Christian and Gay. She stated, "Being Gay is not Christ-like. Like any other sin, one must first repent, then demonstrate or exhibit a repented lifestyle."

- *Is the church doing enough to educate its members about HIV/AIDS in the local church?*

Most members agree that the church is doing nothing and has given very little attention to this life and death issue.

- *What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?*

Most site team members agree that their local church has no specific programs although one person, Felicia, adds that she has heard a minister preach on the educational awareness of HIV/AIDS. But her church has no specific program or ministry to address this issue. Only Janet's local church, The Cathedral International of Perth Amboy, NJ, has a ministry called EMBRACE that is geared towards those who have HIV/AIDS.

- *Do you believe prayer can be effective in helping to foster healing amongst people with HIV/AIDS?*

All members believe that prayer is effective in bringing about healing to those who have HIV/AIDS. However, no one connected prayer with action as a means to bring

about healing of HIV/AIDS. Being the exception, all other persons saw prayer as effective but with no connection to action ministry or support programming.

- *Have you ever heard of your Pastor or any Minister of a congregation give a full-length sermon in their church on HIV/AIDS prevention?*

All members, except two, state they have heard of full-length sermons on HIV/AIDS. Of the two who claim to have heard full-length sermons, one, Devonna, recalls hearing a sermon that alluded to HIV/AIDS for a few minutes. Felicia had heard of full-length sermons on this topic of HIV/AIDS. However, outside of Felicia, no one else has heard such rarity – a Pastor or preacher preaching about HIV/AIDS in a full-length sermon. I clearly have the most progressive Pastor out of the group but I have never heard him preach on the topic of HIV/AIDS prevention or ministries; although, HIV/AIDS is becoming a source of interest in my church, St. Paul COGIC, in Yonkers, NY.

- *Do you feel it is the church's responsibility to educate and help prevent the spread of HIV/AIDS? What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?*

All agree that the church should take some responsibility in educational awareness to help prevent the spread of HIV/AIDS. Felicia states, "...the church should not sweep these issues, or its responsibility under the rug, but talk about these issues." Cassandra gives specific steps of how the church can play a role. She states, "One, give information about HIV/AIDS in the form of statistics. Two, give information of how HIV is spread. Three, give information regarding how to deal with HIV when one has already

been infected. Four, reach out to people who have been infected and finally, provide substance abuse prevention classes.” She sees a clear connection between infection and drug related activity. Janet adds that her church supports members and people in the community who are HIV positive by sponsoring HIV/AIDS programs and by especially helping youth who have contracted the virus. Specifically, Janet cites that the church should develop workshops and programs for its members on how HIV/AIDS is spread.

- *What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?*

All members believe that Christians should participate in educational programs, talk openly about safe sex, and join some type of community organization that is active in the fight against HIV/AIDS. However, Janet further states, “Christians should encourage other Christians and non-Christians to get HIV/AIDS test regularly (if they are sexually active).”

THE NEW YORK CITY AIDS WALK: EDUCATING OURSELVES AND JOINING THE NATIONAL FIGHT AGAINST HIV/AIDS

The team met on April 30th, 2004 to discuss the possibility of participating in the May 16th, 2004 New York City AIDS Walk and to help raise funding for GMHC. The team agreed to participate as a means of showing our solidarity with thousands of others here in the Tri-state area that are also concerned about finding a cure for AIDS. Also, we discussed supporting Cassandra Roberts in her specialized visits to people living with

HIV/AIDS. The team agreed to provide material support during the next six months as a response to her request. The group was excited about this and Cassandra stated she would be beginning her visits in mid June.

MAY 17TH, 2004 JOURNAL NOTATION

The site team had four members that participated in this walk and a donation of \$100.00 was raised (Appendix B). However, while raising money is important, equally important is participating alongside of other communities who shared a passion for finding a cure. The AIDS Walk was very long and exhausting to everyone who participated. Yet, the realization of how tiring and crippling the disease is to those who have contracted it, gave us the strength to continue to march and finish the walk as a group. This was truly a great experience for each person. It was exciting to see so many Tri-state people concerned and passionate about finding a cure. One of the most interesting observations was that people who were living with the disease wore shirts with slogans such as "I'm positive" or "HIV positive". We all thought it was compelling how this group of people made it so real for the countless number of people walking behind them. The reality of actual people living with this disease was recognized immediately. Another organized group wore the slogan "take the test". One person in this group went a little further in its shock treatment with the addition of the slogan "I am (HIV) positive". While we were a small group of four people, it proved to be an enlightening experience for us. We walked, talked, read and shared our thoughts for five straight hours alongside other participants during this wonderful event.

The walk was difficult, due to the 80 degree or so temperature. We walked 18 miles at a slow pace with people surrounding our group in every direction. We all felt the impact of the morning heat that lasted from approximately 9:30 AM to 3 PM. However, the walk did create some tension within the group. The tension centered on two participants who wanted to stop walking half through the walk (I being one) while the two others members wanted to keep walking. After 10 minutes of tense discussion that centered on simple words articulated by Devonna Cousins, "we all agreed to do this so let's finish it and Ricky you, of all people need to keep this going. It's your idea and your project". These words were sharp and quickly erased all temporarily feelings of the heat and we as a team finished the walk. As I reflect upon the Spanish Harlem corner where we stopped to discuss rather we would finish the walk or not, one reality remains implanted within me. The thought of embarrassment that I almost quit and the sense of shame and disappointment still penetrates through my very being, both at that moment of our street corner discussion and now when I reminisce.

After the AIDS Walk, it became more difficult to find a situation where collective passion raised excitement like we found during that walk. Thousands of people gathered to "Walk for a cure" as the slogan went that day. In the hoiling heat that had reached 80 degrees, and a slow yet long march through Central Park to the beginning of East Harlem, people with shirts, balloons, and posters advertised their organization. The free drinks, fruit trucks and ice cream stands along the way gave out food and drinks. Many people yelled out encouraging words. It was a fascinating experience almost similar to that of a sports event. I have realized since the march that finding a cure and educating people are not exciting events, but it is a daunting task to create awareness in order to

persuade people to participate in this great crusade of choosing life over death.

As my personal excitement of the march waned, I realized all ministry and education events are not exciting when entailing thousands of people. Most ministry activities oftentimes involve a few people ministering to a few people, while reaching for thousands. Yet, at the end of the day, it is not how many you have spoken to, but how productive you were in sincere efforts to make a difference in the lives of people who are suffering. I realized that it is more important to go with the "few laborers in the vineyard" who are willing, than to worry about the vast majority of people who refuse.

CHAPTER FIVE

SPIRITUAL PRACTICES AND THE ROLE OF INTERCESSORY PRAYER

One thing that is fundamental to Christians in almost every congregation in the United States is prayer. There are actually more prayer groups during the week than preaching services. During Sunday morning services, prayer is offered over offerings, in prayer lines, in special healing prayers, and prayers before the preached word. African American Churches have placed a high priority on prayer. Since prayer is the fundamental human form in which Christians communicate with God is made, it is highly valued.

In the Paul's Epistle to the Romans in chapter 8 verse 26, states the Christian is urged to pray on behalf of others asserting, "the spirit [itself] intercedes for us with sighs too deep for human language"¹. The Christian is a "vessel of God, and as a compassionate vessel is being commanded to pray for those who are in need of restoration from various forms of sickness".² This call to pray on behalf of others who are sick and to seek their healing is the fundamental action of intercessory prayer. Therefore, intercessory prayer is prayer to God from an individual or group on behalf of someone else to yield spiritual hope of all things, inclusive of healing from disease(s). It assures the person prayed for and the intercessor of God's Ability to hear and answer prayer.

The purpose of intercessory prayer was to engage the Site Team to seek God on behalf of people with HIV/AIDS to provide them with strength, comfort, and healing. Interceding on the behalf of persons living with HIV/AIDS creates praying and compassionate communities. This praying and compassionate community also recognizes God as the ultimate healer. It is not surprising that one of the most popular slogans in the African American Church is “Prayer changes things”. This slogan was the motivation for spiritual practices that exist in the African-American church community today; such as: the laying on of hands, prayer, and healing ministries.

The practice of intercessory prayer for this demonstration project took the form of collective prayer groups and individual written intercessory prayer for those persons living with or affected by HIV/AIDS. The goal clearly was to be an instrument of renewal where we sought God’s intervention for spiritual and physical restoration of people living with HIV/AIDS, as well as being vessels to bring about the renewal through our activities and ministries. Besides seeking God’s Restoration and comforting people infected with and affected by HIV/AIDS, intercessory prayer seeks to empower the intercessor to acts of benevolence. The transformation for the intercessory community is to live out and be transformed by our faith to prevent the spread of HIV/AIDS through relevant community activities.

INTERCESSORY PRAYERS FOR PEOPLE LIVING WITH HIV/AIDS

The groups met to discuss our participation in intercessory prayers. The team

¹ *The Holy Bible*, King James Version (Nashville, TN: Thomas Nelson Publishers, 1988).

² Tilden Edwards, *Living in the Presence* (San Francisco: Harper Collins, 1994), 108.

implemented a plan to pray individually for people with HIV/AIDS and to provide their own written intercessory prayers over the next two months (See Appendix C).

There was a unified agreement that writing these types of prayers must include at least three of the following elements: one, a prayer for the church as an institution; two, a prayer for people living with the disease; and three, a prayer for change and/or transformation. This transformation could be personal, institutional, or both. We agreed that each person would write at least two intercessory prayers that reflected their actual thoughts of someone infected with HIV/AIDS. I found two examples of intercessory prayers for the group to reflect upon as they wrote their prayers. I requested that they make comments on how these two prayers spoke to their heart regarding HIV/AIDS.

Each person was required to reflect and write an intercessory prayer from the model that was provided to them. Although, a prayer model was given as guidance, the team had the freedom to develop their own personal prayer as long as it remained focused on AIDS and healing. Whether we are sick or praying on behalf of those who are sick, an expectation that healing will occur is in the spirit of faith and God's Grace and Love.

LITANY OF COMPASSION: REFLECTIONS AND RESPONSES

The Litany below was given to the site team to develop the group's awareness and sensitivity to HIV/AIDS. At the end of the Litany, each team member gave their response to the following prayer:

God of might and compassion. God of judgment and forgiveness. God of creation and redemption. You who have enabled us to be who we are and who have nudged and beckoned us through all our days, we call upon you now on behalf of our sisters and brothers whose lives have been touched by the disease we call AIDS. We believe, Lord that in ways beyond our ability to fully comprehend, you intend for your people

wholeness and health; that you would have us to be well in mind and spirit. And yet we confess that we have not always sufficiently treasured the gift of personhood you have given. We have depreciated your gift of life in ourselves and in others. And you have called us to love one another. Love, you said. Love. That doesn't mean we have to like one another or agree with one another or even know one another; just love one another. And that's not easy, Lord. We know that too many times we have been oblivious to the needs of others, treating others as strangers rather than as persons created in your image. Some of us don't really know anyone with AIDS, and some do. Some of us know families of persons with AIDS who have tried to keep their awful secret to themselves, silently afraid that rejection might be added to their burden of sorrow. Some of us are those families. And all of us are a fearful people, living in the midst of a fearful people. And yet you are a God who has called us "not to fear what we fear". And so we come now, humbling ourselves to ask your presence with us, with persons with AIDS and with their families. Grant wisdom among those who search for ways of controlling or eradicating this disease. Give to our political and religious leaders a true sense of responsible compassion, that they may encourage us and help us find the ways of being of love. Help those who have AIDS and their families to know your presence and support in affliction and not to judge illness as a sign of your absence. Hear our prayers, O Lord. Amen.³

SITE TEAM'S JUNE RESPONSES

Team member, Ricky indicated that the prayer reminded him of how families hide the secret when a loved one contracts HIV/AIDS. He felt this is was a terrible and powerful truth that did occur twice in his own family. One's need to hide this disease is driven by how insensitive people can get when someone contracts HIV. We must try to persuade our churches and Christians to have compassion for those who have been infected or affected. Ricky actively and consciously confronts this ignorance within his larger denomination when he hears insensitive comments and preaching.

Devonna indicated the prayer conveyed to her that she should not judge others because she didn't know their circumstances. She tended to look at people and because they look fine on the outside, she figured they are, but that was not always the case. AIDS does not discriminate. Devonna stated her desire to help those with HIV/AIDS, by

³ Letty M. Russell. *The Church with AIDS: Renewal in the Midst of Crisis* (Louisville, KY: Westminster John Knox Press, 1998), 198.

working at Hale House, a home for children with HIV/AIDS. She felt this would truly allow her to be more compassionate to those who are suffering. In the meantime, she felt she could continue to pray for who are sick. One of the things that touched her about the prayer was the statement about how fearful we can be and that those around us are just as fearful. The Bible tells us that we should not be fearful of anything because no weapon formed against us shall prosper. HIV/AIDS is not just a rich or poor person's disease; it is a human disease that affects us all. Whether we have it or not, it still affects us in some way. She felt the prayer allowed her to see that she too can do something no matter how small or insignificant she may think it is. Prayer does change things and people.

Another team member, Felicia indicated that intercessory prayer is very important because when you stand in proxy for someone who is too hurt to pray, miraculous things can happen. She thought talking to people about prevention of AIDS was just as important as prayer. She has been transformed some time ago when she realized that HIV/AIDS was not just a homosexual disease.

Janet indicated the prayer spoke to her and encouraged her to unconditionally love others with HIV/AIDS. As a result of God's Love for all people, she should continue to pray for those with HIV/AIDS and intercede on their behalf. Janet's perspective regarding AIDS has not changed nor does she feel they need changing. She has always felt compassion for those with AIDS and does not regard the lifestyles that they lived as punishment for a sinful lifestyle.

Sandra indicated the prayer was a daily reminder that we are mortal, thus dependent upon God for healing and comfort. Even when we are fearful people living in the midst of a fearful situation, God hears our prayers on behalf of others and ourselves.

She believes that God is a healer and not a respecter of persons despite someone's health or social status. It is wonderful to be able to go to God in prayer for another person and know God will hear us.

Lastly, Cassandra indicated the prayer reminded her that many people living with AIDS are holding on to a secret. It must be very hard to keep this secret for fear of rejection. We must pray that these individuals be comforted and feel the Love of God no matter the circumstance. It also reminded her that God is not only a God of Judgment, but also of forgiveness, compassion and love. I am willing to pray for people living with HIV/AIDS on a regular basis.

LITANY OF HEALING: REFLECTIONS AND RESPONSES

Below is the second Litany that site team members reflected upon. The purpose of this Litany was to help the team gain insight concerning the oppressive feelings that people living with HIV/AIDS experience. Some team members responded to this prayer and their intercessory prayers written on behalf of people living with HIV/AIDS can be found in Appendix C.

Litany of Healing: O' God, we come before you this day with longing, with hungering, with tremendous need of your healing presence. We pray on behalf of our loved ones, our community, our world, and ourselves. Loving God, we receive your gentle, powerful, healing touch. For people who have tested HIV positive and endure tension-filled waiting, sometimes hopeful and optimistic, sometimes frozen with fear and despair...We receive your gentle, powerful, healing touch. For groups of people who are viciously scapegoat as the cause of the spread of AIDS, and too often pronounced "non-innocent" sufferers of AIDS diseases because they are poor, or African-American, or Puerto Rican, or gay...We receive your gentle, powerful, healing touch. For families of someone dying of AIDS that are torn apart and divide because of ignorance and prejudice, or that are rendered entirely invisible, not recognized as a "real family"...We receive your gentle, powerful, healing touch. For people stricken by grief at the death of a loved one from AIDS...We receive your gentle, powerful, healing touch. For the sickness or indifference that infuses the fabric of our wealthy nation, tolerating a national policy that refuses to recognize the AIDS crisis that exists right now. We receive your gentle, powerful,

healing touch. For people with AIDS, who suffer the daily insults of scorn, rejection, neglect, and isolation. We receive your gentle, powerful, healing touch. For national populations with people dying of AIDS in massive numbers, in countries such as Uganda, Tanzania, and Zaire .We receive your gentle, powerful, healing touch. Amen.⁴

SITE TEAM'S JULY RESPONSES

Ricky responded that the prayer has allowed him to recognize that we need to assist in the healing process because the author often repeated that we received God's gentle, powerful, and healing touch. Ricky felt that not only praying for those affected by HIV is effective, but developing AIDS ministries is equally important.

Devonna indicated the prayer urged her to take more responsibility as a Christian for those in need. This also prayer says to me that people are hurting and in need of all who can help in some way. As she read the prayer, she realized little has been done. She attended a funeral of an aids victim and was moved of the life that the person lived. Felicia thought some people are too ill to pray for themselves, and we should stand in the gap and pray for them so miracles can happen. She thought prayer is always in order and participating in AIDS walks and donating money are other ways she can help.

Lastly, Cassandra thought that prayer is a way of involving God's presence in order to bring healing to those that are suffering for HIV. It is a reminder that God is present to hear when we call for help on behalf of others. She indicated it was necessary to pray for HIV/AIDS sufferers that God's peace may be felt in their lives regardless of their circumstances. She believes it does not matter if the person was an innocent victim or committed some type of immoral act.

⁴ Ibid. 202.

CHAPTER SIX

BIBLICAL ANALYSIS AND THE ROLE OF THE COMMUNITY IN THE HEALING PROCESS

As a site team, we wanted to know what the role of the community was in the healing process. This led us to the Bible:

So He himself (Jesus) often withdrew into the wilderness and prayed. Now it happened on a certain day, as he was teaching that there were Pharisees and teachers of the law sitting by, who had come out of every town of Galilee, Judea and Jerusalem. And the power of the Lord was present to heal them. Then behold, men brought on a bed a man who was paralyzed, whom they sought to bring in and lay before Him. And when they could not find how they might bring him in, because of the crowd, they went up on the housetop and let him down with his bed through the tiling [roof] in the midst before Jesus. When he saw their faith, he said to them, "Man, your sins are forgiven you." (Luke 5:16-20).

JESUS AND A COMMUNITY MODEL OF HEALING

Healing, like prayer, is an integral part of the life of the African American Church and Jesus is the model of healing. In Luke's account, Jesus heals a paralytic and restores him to the life of the community. To be healed means an individual is restored to the whole life of the community, including life within the Church and family. A healthy life means a safe integration into community life so they can function as a productive member of the community.

This story invites the Christian community to take an active part in the ministry of

healing. The church is to understand that restoring a person to health is not merely Jesus's divine responsibility, but one for each in the community. While our power and inspiration to heal is rooted in Jesus Christ, our involvement in healing is a community responsibility.

This story speaks to how the community should be actively engaged in the process of healing. The church should accept the Jesus Model of Healing. The Jesus Model of Healing is to move beyond "the sin" and focus on healing and restoring those inflicted to restore them as productive members of the community. Jesus' ministry of healing was not rooted in prejudices and humiliation, but was intentional to heal without prejudice. Moreover, the African American Church should realize that Jesus did not come to the paralytic; the paralytic was brought to Jesus. Jesus was the source of healing but the community did their part in the work of the healing process. This story is calling the African American Church to actively engage in the healing process by helping the sufferers gain access to Jesus and all Jesus embodies. This may require that we invest time, carry the wounded on our backs, help them up the ladders of life and move them to the place of healing.

SITE TEAM RESPONSES TO THE ROLE OF THE COMMUNITY IN HEALING

The site was asked to respond to the role of the community in the healing process according to Luke 5:16-20. Below are the brief summaries site team members' thoughts and understanding of the role on community in the healing process.

Ricky expressed that he learned that the community should never have any

borders or limits that would prevent someone from being healed. This story illustrated to him how members of the community (whether friends, relatives or strangers) were totally interested in aiding (taking time and energy), to get this person to a place where healing could occur. The role of community in this story was to help the ailing person overcome obstacles of height (rooftop) and distance (how far they may had to travel) and crowds (supporters and doubters) to assure he was going to be healed. Our churches must see the community as not having any artificial man-made borders that would exclude someone with AIDS from being a part of our daily church life. We must not judge someone's condition but be in position to lend a hand in their healing and overall well-being.

Felicia indicated that she felt the community consists of people in our surrounding that we see on a daily basis. They can be relatives, friends, neighbors, church family, schoolmates, teachers, doctors, lawyers, and law enforcement. In the bible story, the community consisted of people who were very concerned and determined to help their fellowman get healing. The players in this scripture community were the Pharisees, doctors, Jesus and the multitude of people seeking to be healed. Christians and churches can play a part in the healing process of helping someone with HIV/AIDS by showing love instead of judgment first, praying for them, spreading the "awareness" of the gospel, and getting them to a place where there is help.

Another site team member Janet went to the modern dictionary to define community. Webster's dictionary defines community as an interacting population of various kinds of individuals in a common location. Working from this definition for this biblical story, the community would be comprised of the sick man's friends and family and the residents of the surrounding towns. The Pharisees and doctors of the law from

the surrounding areas of Galilee, Judea and Jerusalem who witnessed the miracle are part of the Jewish religious community. The sick man's friends and family were the instruments of his healing. They became the community of faith. They believed that Jesus could heal and exercised their faith by lowering him through the roof of the house when the crowd was too much. The Pharisees represented the community of non-believers who though they witnessed a healing miracle chose to label Jesus as a blasphemer.

She felt the church could help those who are living with HIV/AIDS by praying for those sick with the illness and accepting them into the church community. Every church has an intercessory prayer ministry in which those saints that are given the gift of prayer commit to praying for the concerns of others. The church is a socially influential institution that could provide support to those living with HIV/AIDS.

Sara thought that the wonderful imagery in Luke 5:16-20 was that the quest for healing and the helpers of the person seeking healing were not from the internal Christian community. But it was a group of people who brought this person to Jesus against obstacles of the distance they traveled and the weight of the person they were carrying. Even the height of the roof-top was overcome to secure healing. It was neither the Elders of the church whom they could call nor were they a part of any established religious community that followed Jesus. Nevertheless, she felt two things are clear in this story: one, Jesus was the source of the healing; two, the lessons we must learn from this story was that people who desired healing would go through extraordinary acts to seek healing. The disciples of Jesus must always be in the position to provide healing and comfort to those who are members of the community.

CHAPTER SEVEN

THEOLOGICAL APPROACHES: THE BALM IN GILEAD AND THE SITE TEAM

Healing has been a part of the ministry of Jesus and therefore must be a part of the AIDS ministry and should be seen not merely as the elimination of disease, but the process whereby comfort is given. Too often traditional Christians have focused on the physical healing of those diseased with little emphasis on the spiritual and emotional. In addition, many religious bodies in the United States have stressed faith healing (healing according to one's faith) as a means to be physically restored. This practice of healing is highly individualistic and totally dependant exclusively by one's "faith" in God's ability to heal them. Thus, a highly personalized means of obtaining healing is projected.

However, another form of healing that is often utilized in the Christian faith communities is communal faith — faith whereby social and collective action is deliberatively organized to challenge the forces hindering the healing process. In chapter six of Tilda Norberg and Robert Webber's book, *Stretch out Your Hand: Exploring Healing Prayer*, the church as a healing community is discussed. Their arguments were the focus of our theological and community action plan in challenging African American congregational silence regarding HIV/AIDS:

Healing communities are communities of people who know they need healing. People broken in spirit, body, mind, or relationships gather to find support and healing. Second, healing communities are communities in process of being healed. In them reconciliation, liberation, justice, and peace are emerging as qualities of

community life. Third, healing communities are communities of healers. People in such communities stretch out their hand to persons and institutions in obedience to Christ.¹

These thoughts illustrate well how the Christian community or sub-communities play an intentional role in the healing process. Healing communities are not perfect communities; rather, they deem themselves whole. Yet, they understand the need for healing and seek to bring about a spiritual, physical and mental end. Christians serve as both healers and partakers in the healing process.

One basis for communal healing can be found in the letter of James, chapter 5, versus 13 to 16. James shows his readers that the Christian community has an obligation to be involved in the healing process both as healers and as people in need of healing:

Is there any among you afflicted? Let him pray. Is any among you merry? Let him sing psalm. Is any among you? Let him call for the elders of the church; and let them pray over him anointing him with oil in the name of the Lord: And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he have committed sins, they shall be forgive. Confess your faults one to another, any pray one for another, that ye may be healed. The effectual fervent prayer of a righteous man availeth much.²

James' letter outlined the communal responsibility in the healing process as twofold. One, elders are called to be healers and available to those who seek healing. Two, those who are sick and afflicted are required to summon elders of the church and allow them to pray for them. James' letter outlines for communities of faith their accountability for the healing of one another as a deliberate act of faith resulting from social and spiritual responsibility.

The African American Church must continue to play a part in the healing of its

¹ Tilda Norberg and Robert Webber. *Stretch Out Your Hand: Exploring Healing Prayer* (Nashville, TN: Upper Room Publishers, 1998), 114-115.

² *The Holy Bible*, King James Version (Nashville, TN: Thomas Nelson Publishers, 1988).

people who are suffering. The African American Church must continue to see itself as part of the struggle for liberation of all people who are oppressed and continue to struggle for justice. The African American Church, as an institution, was born in the midst of injustice and oppression; yet, simultaneously forging its Liberation Theology embodying hope, faith and justice.

The Liberation Theology of the African American Church manifests itself through the support of those oppressed by injustice, discrimination and humiliation. This should be the case with people suffering with HIV/AIDS. AIDS is oppressive and humiliating partly due to the physical manifestations of the disease. The struggle to support people with HIV/AIDS must be brought under the umbrella of concern and inclusion of the African American Church ministry.

Embracing HIV/AIDS ministry requires the African American Church to move beyond hate, denial and cruelty towards people suffering from AIDS. This requires the Black community to open their minds to new ways of thinking about love according to Bell Hooks:

"Patriarchal homophobic thinking has led many African-American people to see the AIDS virus as punishment for wrongdoing. Such thinking is rooted in hate. It can only be challenged by acts of love. Narrow-minded African-American folks need to stop acting as though only straight people who are HIV-positive are worthy of care."³

Since the African American Church was born out of a struggle against oppression it must stretch its liberating hands and include under its ministry umbrella those persons living and suffering with HIV/AIDS. Thus, the actions of churches can make a

³ Bell Hooks, *Salvation: African-American People and Love* (New York: HarperCollins Publishers, 2001), 206-207.

difference in providing resources necessary to bring about healing and education to challenge hatred, cruelty and ignorance in the fight against HIV/AIDS.

THE BALM IN GILEAD: CHALLENGING THE EARLY HIV/AIDS CRISIS

In the late 1980's and early 1990's some of the African American congregations were experiencing a high rate of AIDS deaths. This situation brought about the development of an organization in 1989 called The Balm in Gilcad founded, by Pernessa Seele. Seele started the organization after watching the impact of HIV/AIDS in her Harlem Community and area churches. She recognized the necessity to awaken the Harlem community of this crisis by starting the Harlem Week of Prayer for people living with HIV.⁴ The Harlem Week of Prayer was the foundation for getting Black churches involved since they could relate to prayer.

During the early 1990's, I met Pernessa Seele while administering communion to those who were suffering from HIV/AIDS and Cancer in Harlem Hospital. Her early work and compassion clearly filled a ministry need in the African-American Community. She felt that she was successful in the early days, and was well received by the local community due to her work being rooted in the context of prayer and healing. In the span of fifteen years, the organization has evolved from a Harlem-based community to a national and international organization. The Balm in Gilcad continues to educate churches and community organizations about HIV/AIDS prevention and treatment. One of the major successes of the Balm was Gilcad is the enlistment of certified partners-

⁴ Cohen, *Boundaries of Blackness*, 282.

organizations that use the Balm training materials to educate various faith communities.

THE SITE TEAM AND THE BALM OF GILEAD APPROACH TO HIV/AIDS MINISTRY

The Balm in Gilead clearly filled a void during the early 1990's and for the last fifteen years has been effective in helping to educate and persuade churches to start HIV/AIDS Ministries. Pernessa Seele is clearly a visionary who was able to visualize a ministry need in the African American Community and to meet the needs of those who were suffering from HIV/AIDS. She is to be commended and honored for her efforts in bringing about an awakening. The organization she founded, Balm in Gilead, began to mobilize prior to the action of the Congressional Black Caucus in the mid 1990's.

However, there are clear distinctions between the HIV/AIDS Ministry Model set-forth in this demonstration project and the Balm in Gilead. The Site Team focus did not include any discussions of homosexuality due to our interest in getting the African-American churches to start an AIDS ministry. Also, the Site Team is composed of members from the church community who see AIDS as a public health crisis but leaves space to discuss sin and behavior. The Balm in Gilead is a non-profit organization getting large private and public funding and has a liberal religious position on homosexuality and sin is not discussed nor an issue. The best example of this of sin and AIDS transmission was in a 1998 interview of Pernessa Seele by Rev. T.D. Jakes. As they discussed the relationship between sin, morality and AIDS, Seele stated:

"When AIDS hit this country and the world, AIDS was not addressed as a public health crisis but a moral issue. The disease became a sin; the person who contracted the epidemic became the sinner, the bad person, and the leper. We did not follow Jesus' leadership. We looked at our own bias...when you say someone is a sinner, a bad person, this does not give them hope...they will tend to

spread the disease."⁵

Seele maintains the early AIDS crisis was seen as a moral crisis and the disease as the sin. She makes the point the disease should not be considered the sin nor the person the sinner. She wants to remove the notion of sin and morality from the discussion and leave AIDS as a public health crisis. The Rev. T.D. Jakes agreed with Seele that AIDS is a public health crisis but the notion of sin should not be totally removed from people's behavior. Rev. Jakes states: "the disease is not the sin, but it may have been brought about by sin."⁶ He mentions two examples of sinful versus non-sinful behavior. The sinful behavior is when married spouses contracts AIDS and infects his unsuspecting spouse with AIDS. On the other hand, Jakes mentions non-sinful behavior as someone who contracted AIDS through the means of a blood transfusion. The behavior of the infected is pertinent for Jakes; therefore, keeping sinfulness of behavior in the discussion. Seele did not respond to the discussion of sinful behavior impacting HIV/AIDS introduced by Jakes.

This demonstration project model of ministry must first consider the people it is attempting to reach and their values. Addressing AIDS as a medical and health issue while respecting local customs whether one agrees or disagrees with them or not. The contraction of AIDS in any form is a health tragedy. However, morality and ethics are beginning to be among the social discussions in this public health crisis. Such examples of ethical discussions and questions are: Should a person with HIV share their knowledge with a potential partner? Should the HIV infected person maintain silence in

⁵ Pernessa Seele, interviewed by T.D. Jakes. *Trinity Broadcasting Network*. 8 April 1998

⁶ *Ibid.*

order to protect themselves? These are moral issues and questions that are rarely discussed openly.

The Site Team model of ministry was to operate by respecting the local culture of African-American churches which differs from location to location and from theology to theology. Each African American church, denomination and/or pastor must act within the confines of their consciousness and challenge its membership to be involved in AIDS awareness and prevention ministry.

My objective in this project was to create a model of ministry that would not encroach upon the theological, scriptural and moral integrity of churches, especially conservative churches. Regardless of the theology of local churches we have to respect their customs, traditions, and perspectives. Conservative African American churches remain prevalent and predominate in the Black community, especially on social issues. Since most African American churches and Christians are not actively involved in an AIDS ministry, our approach was to take a slow non-threatening approach. Thus, The Site Team approached AIDS ministry from the perspective we would provide help to any local church based upon their need regardless of their race, ethnicity, sexuality and political persuasion.

CHAPTER EIGHT

INVITATION FOR CHURCHES TO JOIN THE FIGHT AGAINST HIV/AIDS

On September 11th, 2004 the team met to brainstorm on ways to get African American churches interested in starting HIV/AIDS ministries. Our plan of action was to send out a brief introductory newsletter as an invitation for churches to invite us into their ministries for a discussion. The following text was the introductory letter sent to 150 churches in the New York and New Jersey:

September 11th, 2004

Praise God From Whom All Blessings Flow!

This letter I am sending to you is a request for a letter of support. I would like to provide you with information regarding my efforts and intent of services we desire to provide to the community and churches. We endeavor to help churches that wish to provide a HIV/AIDS SUPPORT PROGRAM to their local community in the form of a ministry. I am seeking a letter of support regarding this endeavor to provide your church with start-up and how to program/ministry information. This endeavor will provide ministerial services to the population of New Jersey and New York. In order to make this program a success, we are seeking to support churches like you that desire to develop such a program to its local community.

We hope you would be so kind as to provide "Choosing Life more abundantly Ministries" with a letter of support. This letter should contain a statement of the assistance you would like to receive and the name of the person with whom we should be in contact.

Our organization is a private non-profit Christian Ministry that is helping churches provide support to community individuals or families that have HIV/AIDS. We desire to provide churches with foundations to start a Ministry for these families or individuals. We can give you a Curriculum Outline, Pamphlets, Brochures, a Newsletter, and a Poster Format to develop a customized program that fits your needs and the services you choose to provide to your congregation and local community.

In the following attachment we ask and hope that you will check off the one/ones your church will support. We courteously ask you to respond or mail by the above listed address. Please address your letter on your church letterhead. Should you have any questions or concerns please do not hesitate to call us at We thank you in advanced for your time.

Sincerely,
Rev. Ricky Boyd

THE PROGRAM DESCRIPTION

This program will serve churches in the New Jersey/New York area that seek to help prevent the spread of HIV/AIDS. This program seeks to target men/women that are un/known carriers of the HIV/AIDS virus. What we are asking churches is to show their interest in developing HIV/AIDS ministry by agreeing to attend a one day, three hour conference where we would discuss the importance of beginning a ministry. Also, we would connect the beginning church ministry and align it with churches that have existing HIV/AIDS ministries. Your church would be a pilot church and have a ministry where other church could emulate and learn from. We hope that you can provide choosing life and living life more abundantly ministry with a letter of support stating that you will and how you will support this program at your earliest convenience. The site team would set up a meeting at your local church.

Journal Notes for September 15th, 2004.

Every day since September 11th, I have asked Pam if she received any feedback from any churches. She responded, "nothing yet but give people time and they will respond". Pam was optimistic and so was I. Members of the team were likewise waiting for some good news to help churches set up a HIV/AIDS program. We are excited and looking forward to our getting started and providing a service to the church community.

Journal Notes for September 20th, 2004

I continued to ask Pam did she receive anything. Her response, "nothing" and I have been checking my fax machine daily to make sure it is working. Neither Pam, Cassandra nor I received any correspondence via fax machine or by mail. My attitude

and feelings took a turn for pessimism. However, I was still holding out hope that one church would call us or send some type of church correspondence.

Journal Notes for September 27th, 2004

Two weeks have passed since we sent out the letters and no one has responded. It is disappointing and to some extent I am angry by the lack of response. I am not sure what happened with our belief that churches will respond to this burning issue in the African American community. However, we agreed to send out another newsletter in a couple of weeks and explain to churches why this issue should be a major concern for the African-American community. I however realized that it is easier to walk in an AIDS march than to organize specific action.

Journal Notes for September 30th, 2007

I still check the mail waiting to hear from at least one church. I still call Pamela and asked her if she heard from anyone else via fax, e-mail or through the mail. Pam did not receive any response as well. My hope still lingers with the feeling that someone will respond, although my hope has slowly been dissipating with each passing day.

On October 2nd, we met to discuss the failed correspondence. This time we agreed to send out another newsletter and do follow-up phone calls to some churches just to ask them if they received the newsletter. The Newsletter was completed and titled: "*A message to the African-American Clergy and Church: HIV/AIDS: Why action and why right now*" (Appendix D) and was re-issued to the churches.

The caregiver visits were going as plan and we continued to offer material support to Cassandra Robert's during her visits with people living with HIV/AIDS. The caregiver support program is wonderful program that the team was proud to sponsor. Cassandra conducted visits with Aids patients and reported back to us on the visit and any gifts she gave them – blankets, Bibles, food, etc. More importantly, we were excited when Cassandra explained the expressions on people's faces when they received their gifts.

Journal Notes for October 11th, 2004

The new newsletter was sent out to 200 churches in the New York and New Jersey area and this time we received follow up calls. We received a positive response from many churches and some wanted more information regarding HIV/AIDS. The second newsletter struck a nerve and interest that the original letter did not. The churches that requested information were First Baptist church of Englewood, New Jersey and Friendship Ministries of New Jersey. It is clear that the first letter was not affective for two reasons. One reason was that we were conveying to churches that we would set up a ministry for them. This perhaps seems arrogant and intrusive. Who were we to set up a ministry in someone else's church? Two, we had nothing tangible to give churches to grasp intellectually. It is clear to me that these are the reasons why we failed in our initial attempt to get churches interested in HIV/AIDS ministry. Our new approach was to give information by creating a booklet instructing churches on how to set up their own HIV/AIDS ministry.

MY STRATEGIC MISTAKES

I concluded that I had made a few strategic mistakes in my attempt to persuade local churches to develop HIV/AIDS ministries. First, most churches including African American churches frown upon anyone intruding into their church life to “tell” or “direct” them on how to develop, run, or began a ministry. Church leadership can be very protective of their congregations. The idea of outsiders coming in to set up “a ministry” for them is overtly arrogant and insensitive and intrusive.

Another a major mistake was I did not fully read and comprehend the survey information that was submitted by the members of the site team. The site team member’s surveys reflected the fundamental values and beliefs of the African American churches. The Site Team associated homosexuality with AIDS and issues and perhaps when AIDS ministry is mentioned churches still link AIDS with gay issues.

After realizing my mistakes, I immediately informed the group that we were changing our approach. The new approach was to create and market a booklet to African American churches and have them develop their own HIV/AIDS ministries. This required that we sell the booklet as a “how to develop your own HIV/AIDS ministry” complete with ideas and education materials African American churches to educate congregations and their local community. The group was supportive and realized this change was necessary in order to appeal to the church and accomplish our goal to have one or more churches to develop their own HIV/AIDS ministry. Therefore, providing them with something to read as a guide is vitally important in moving toward developing a new ministry AIDS program. This change of direction led to the completion of the booklet

(Appendix E), titled: *HIV/AIDS Ministry Booklet for the African American Church and for Churches that Service the African American Community.*

The HIV/AIDS resource booklet took three months to develop. I completed a preliminary copy of the booklet that initially started out as a small pamphlet of 5 pages, but had grown to 55 pages. A total of 35 booklets were produced and printed for \$35 each. The booklets gave us a tool to connect with churches and share with them that we have something to help them develop a HIV/AIDS ministry.

I met with the group and gave them booklets to give to churches that were interested in HIV/AIDS ministry development. Every Site Team member was given five booklets to present to churches in New York, New Jersey and Mississippi, Virginia and Michigan. The objective was to sit down with pastors or church leaders and discuss with them how to begin an HIV/AIDS ministry. After their introduction of the booklet the pastor had to sign a acknowledgement form that he had received the booklet and a commitment to begin an AIDS ministry (Appendix F). We targeted churches that received our newsletter and requested more information as well as churches and pastors that site team members had a relationship with who may be interested in this ministry. We also agreed to target three southern states where African Americans had a high incident rate of HIV/AIDS and there were few churches with HIV/AIDS ministries. The states targeted were the Bible belt states of Mississippi, Virginia and Florida.

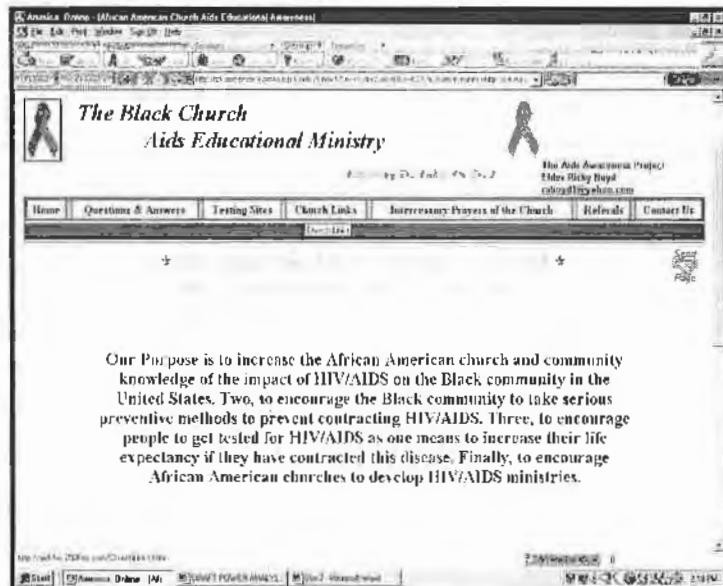
More importantly, the acknowledgment sheet specifically stated that this booklet is free of charge and you can develop your ministry at your own pace. The lesson learned this time is not to be intrusive by telling church leaders and pastors how to run their

churches ministry. We took more diplomatic and non-intrusive approach while doing more direct contact and face-to-face dialogue with churches and pastors.

INTERNET COMMUNICATION AND CHURCH CORRESPONDENCE

The purpose of the HIV/AIDS website was to appeal to churches through online communications. On November 13th, Sadio, Ricky, and Cassandra met to develop the HIV/AIDS website. The website was called:

www.AIDSHIV.250FREE.COM



The objective of this website was to give information about the impact of HIV/AIDS in the African American community. The website has drawn tremendous interest from several church communities who are now in the process of developing their own website. The church communities that are interested in developing a website are St. Matthews AME under Roxanne Johnson, Temple of Praise of Canton, MS, and Sharon Jackson of Richmond, VA (Appendix G). We have now become a resource where churches can access our web page for information as well as individuals in the larger African American community.

CHAPTER NINE

FAITH AND COMPASSION IN ACTION: CARE GIVER VISITS

The purpose of the Care Giver Visits was to provide 6 to 8 HIV/AIDS infected individuals with material support as a demonstration of faith in action behind our intercessory prayers. James stated faith without works is dead. It is our intention to supply Cassandra with the necessary means to bring comfort and healing directly to those who need it the most – those living with this illness.

Cassandra Roberts is a licensed registered nurse in the State of New Jersey. She is an active member of this site team who has a long-standing interest in the ministry of healing in the African American church. We were able to provide two- hundred dollars for such items as Bibles, lotions, band-aids, socks, gloves and toiletries.

Care Giver Visits of Cassandra Roberts

Cassandra has worked in the home health field for the past 12 years. During this time, she has had the opportunity to work with HIV infected individuals very closely. She has seen the hurts, the pain, and the emotional torture and has offered them a listening ear, nursing care and hope in Christ. Many of her clients have shared with her

their acquisition of this virus. They have often times acknowledged their part in it and have blamed themselves. Cassandra's clients have ranged from children to the elderly. Most of them though have been young adults. It is so obvious, that these individuals need people, who show that they care.

The following list contains 6 clients that Cassandra Roberts visited on a regular basis.

- Client 1. O.O. of North Newark, NJ;
- Client 2. M.M. of North Newark, NJ
- Client 3. H.A. of Newark, NJ
- Client 4. B.H. of Newark, NJ
- Client 5. K.M. of Montclair, NJ
- Client 6. W.N. of East Orange, NJ

Personal Accounts of Caregiver visits by Cassandra Roberts

In June 2004, a home visit was made with Client 1, a 49 year-old Hispanic female. It has been very difficult for her in recent months due to the loss of her adult son who died after a long illness. She poured her heart out about loving him and missing him. I offered her a listening ear and she was comforted during this time.

In June 2004, a home visit was made with Client 5, a 35 year-old African female. She was happy to report undetectable viral levels. Her compliance with all aspects of care continues to be good. Family support is excellent. A Certified Home Health Aide visits weekdays to assist with her personal hygiene needs. Members of her church visit on the weekends to help her and transport her to services. She is doing well emotionally and physically despite her blindness, which is secondary to HIV.

In July 2004, a home visit made with Client 6, a thirty-two (32) year old African-

American female. This was my visit with her and it was met with hostility because of a switch in nurses. She yelled and screamed at me. The rules of my visits were laid out before this client. I instructed her on the importance of my visits to supervise my home health aide. She was not pleased but agreed to go along with the program.

In July 2004, a home visit was made with Client 2, a 37 year-old Hispanic male who did not share how he contracted the virus; but has been HIV positive for a few years. He was in good spirits despite being in pain. He shared how a fall left him in a coma for 2 weeks (2 years ago) and he had to learn to talk and walk all over again. He lives alone but family support is very good. His personal hygiene, nutritional and clean environment needs are being met by my home health aide. Instructions on universal precautions are reinforced with the home health aide. This Client is very compliant with his medical regimen and pushes himself to exercise and take care of his body. His viral load is undetectable at this time. I offered a listening ear to him as he talked about spending time with his family.

In August 2004, a home visit was made with Client 3, a forty-six (46) year old African American female. She was depressed. Thoughts of death and more specifically suicide had crossed her mind during the past month. She has been visiting her psychiatrist and was placed on anti-depressants. I inquired of her if she was suicidal at this moment and she was not. She talked about attempting suicide about three years prior. I dialogued with her and instructed her to call 911 for emergency help if she feels like she would try to kill herself. Client verbalized understanding and agreed to call for help before she tries to slash her wrist or try to commit suicide in any other way. On August 25th, 2004, I made a telephone call to client to check on her status. She reports

that she is feeling much better and continues to adhere to her medical and medication regimen.

In August 2004, a home visit was made with Client 4, a fifty (50) year old African American male who has been infected for a few years, along with his common-law wife. Along with this infection, he is dealing with tuberculosis infection and treatment. He commented on how the neighbors have branded him and his common-law wife as outcasts since they have learned of their HIV positive status. He talked about the prevailing ignorance yet in 2004. I continue to provide him with a home health aide to assist with his daily personal hygiene needs. He wishes for undetectable viral levels, which has been complicated by this Tuberculosis treatment regimen. I prayed for his tuberculosis treatment to be effective and his viral load to become undetectable in the near future.

In September 2004 a home visit was made with Client 3. She is feeling much better and inquired about reading the Bible. She reports a few years ago while she was hospitalized, she had the opportunity to read parts of the King James Version of the Bible but "I couldn't understand it." The Bible she is requesting is one that is written in modern day English. She inquired about where she could find one. I agreed to bring her one. She is looking forward to it.

In September 2004, a home visit was made to Client 1 who is partially blind due to complications from opportunistic infections. She prays that her sight would not get any worse. She had always been an avid reader and expressed how much she missed reading. She refused to entertain the thought of "books on tape"..."it's just not the same", she said. In the mean time, she is getting used to the idea of her son being gone. She

loves to talk about him and is very happy when we listen.

Her home health aide is meeting her activities of daily living and compliance with medical care continues. There is some self-blame because of prior drug abuse that led to this diagnosis. She seems however to be at peace and shows gratitude for what she does have.

In October 2004, Client 2 was receiving care from his home health aide. He reports that he continues to be pleased and is thankful for the help he receives daily. There is no sign of depression and he continues to maintain appointments with his medical team.

In October 2004, Client 6 and myself have now formed a good relationship. She talks to me about different aspects of her life. A family member was hospitalized and client was experiencing a lot of stress during this time. She thanked me for accepting her phone calls within the last month and was happy that I was there when she needed me. She is very relaxed at this time.

In November 2004, a home visit was made to Client 4. He was happy to report that his tuberculosis treatment is going well but his viral load is still detectable since he has been temporarily taken off his antiviral medications. He is very pleased with the services that his home health aide offers. He likes to talk to me about his health and the progress he is making. I instructed him to maintain a healthy diet (examples of nutritious foods given), to get enough rest at night, and report problems to the physician immediately. Client voiced understanding and willingness to comply.

In November 2004, Client 5 continued to be in good spirits. Her need for assistance with activities of daily living continues. The Home Health Aide is doing an

excellent job per this client. The viral levels continue to be undetectable. Client credits this to her the work of the Holy Spirit in conjunction with her adherence to her medical and physical regimen. Mentally she is doing very well.

In December 2004, the team had delivered following holiday items to the clients:

Client 1 was hand-delivered a Christmas gift basket. She expressed appreciation for it. Items included socks, and skin and nail care products. She was in good spirits and noted that she will spend the holidays with her family.

Client 2 was given a gift basket that contained socks and skin care products. He chatted with me for a while. He enjoys talking and laughing. His personal care needs continue to be met by his home health aide. He expressed thankfulness for all that we have done for him all year.

Client 3 expressed appreciation for my phone calls in between visits. She is depressed at times and looks forward to me touching base with her. She was thankful for the gift of a new Bible as well as the skin care products that I delivered to her.

Client 4 received a home visit and a gift bag with skin care products were given to client. He was thankful for the items given. He talked about feeling much better physically and emotionally.

Client 5 was appreciative for gift bag given. Items included skin care products. She continues to have good family support and assistance with her personal hygiene needs.

Client 6 was given a pocket book that she requested of me. She was smiling and gave me a big hug.

In all, these clients have been very appreciative of the visits that were made to them and the help that was provided to meet their physical, emotional and spiritual needs. We met their physical needs by providing personal hygiene products for bathing, dressing, and skin, nail and hair care; environmental care needs; laundry care needs, and accompaniment to medical appointments, errands and marketing.

Providing a RN who was someone that they could talk to about their daily

physical needs as well as their health and their feelings met their emotional needs. *Client 3* benefited most from regular visits and phone calls since she had been diagnosed with major depression. In addition, two of these clients saw a psychiatrist regularly.

And their spiritual needs were met by providing a RN who prayed for all these clients regularly. Encouraging words were offered at each visit and most clients expressed being comforted by the concern that was showed to them. Specific scriptures were shared with client #1 and Client #3. In addition, a Bible was given to client #3 as she had mentioned the need for one that she could understand.

During these months, I have seen emotional healing occur especially with Client 3. One month, I visited and thought that it would be a quick visit but Client needed someone to talk to and what I thought would be a 15-minute visit, turned into a 60-minute visit. Client talked about wanting to know more about God and the Bible. I talked with her and shared scriptures that would comfort her mind. I spoke to her about how God loves her and how He cares very much about the things that concern her. Client asked a lot of questions. In the end, she said, "I feel so much better." I could see that even her facial expressions had changed; what once was a sad look on her face became a smile. It was rewarding to see the turn around of Client 3 who was depressed and wanting someone to talk to. She wanted to know that someone would be there to offer her an encouraging word. She is now emotionally stable and not suicidal. We are so thankful that these clients have demonstrated healing in various forms: emotional, physical (with undetectable viral levels) and spiritual.

Holiday Season Support

As we entered the holiday season, it was important for the team select a few agencies that we could support and provide them with gifts to help the children's spirits during the holiday season. We selected the Bailey House and the Hale house and provided them with one hundred dollars apiece. The Bailey house was given a check for \$100.00 and the Hale house were supplied 100.00 of material support with such items as gloves, hats, and items that children would need during this holiday winter season.

Thanksgiving Day Support at The Bailey House

On November 18th, 2004 we contacted the Bailey House in New York City to provide them a donation of \$100 dollars for their Annual Thanksgiving Basket Distribution. Bailey House is a housing agency that provides housing for more than 300 men, women and children living with AIDS (Appendix H). The Site Team agreed to provide Bailey House with a \$100.00 check to help them provide Thanksgiving meals for families affected by HIV/AIDS. This donation is part and parcel of our action ministry and supporting the larger organization whose goal is to bring healing and comfort to those living with HIV/AIDS.

Hale House Holiday Gift Basket

Our Team member, Cassandra took the leadership in supplying the Hale House with a holiday gift basket filled with socks, gloves, hats and other items necessary during the winter months. Devonna assisted Cassandra in her wonderful efforts. The Hale House is an organization that assists children living with HIV/AIDS to have a fuller life despite their situation (Appendix H).

CHAPTER TEN

CHURCHES WITH HIV/AIDS MINISTRY INTERVIEWS, COMMUNICATIONS, AND REFLECTIONS OF SITE TEAM MEMBERS

Several team members were asked to obtain interviews with churches that have or are developing HIV/AIDS ministries. This request occurred in early December 2004, and most churches that granted interviews with site members did so six to eight weeks later. The idea behind the interview were to further enhance site team members knowledge of what is happening with those African American that have existing ministries and their outreach efforts to the local African American community. Below is an account of each interview.

The First interview was conducted by site team member Cassandra Roberts. Contact was made with Deacon Selwyn Zachary, on January 6th 2005, a coordinator of the HIV/AIDS Ministry at the First Baptist Church.

Featured Church: First Baptist Church, 351 Englewood Ave., Englewood, New Jersey 07631. 201-568-3410.

Cassandra: *When did the HIV/AIDS ministry start at your church?*
Deacon Zachary: *The AIDS ministry started at the church about 5 years ago.*

Cassandra: *Why did the ministry get started and whose vision was it to start it?*
Deacon Zachary: *It was Pastor John Spencer, Jr.'s vision to start the ministry. There were a lot of people around him that either had AIDS or had family members who came up positive. He also encountered others who were released from prison and such that was positive for the AIDS virus. He saw the great need and decided to do something about it.*

Cassandra: *What has been the ministry's impact so far?*
Deacon Zachary: *The ministry is very big on educating the people that we serve, especially the young people and teenagers. We have ministered to a lot of people. We have donated a lot of socks etc. to places like Broadway House in Newark. The need is great but we are making progress and have positive impact on the people.*

Cassandra: *I am familiar with Broadway House in Newark. Are the recipients showing gratitude?*
Deacon Zachary: *Yes, the people at Broadway House are very appreciative of the things that we give them. The other people in our community also appreciate the time we spend with them, answering their questions and educating them about prevention and ways to cope for the ones that are already infected.*

Cassandra: *How do you envision the ministry flourishing? What is your vision for the ministry?*
Deacon Zachary: *I see the ministry growing. The impact has been very positive. There are a lot of people who are fearful that they will not be accepted because they have AIDS. This ministry shows them that they matter. So I see, more and more people coming to us to have their needs met. When we started 5 years ago there was only a few people on our staff and today we have 12 to 15 people on staff with us. So yes, I see the ministry doing very well and growing in the future. My vision for the ministry is to serve the people of God and show them God's Love.*

Cassandra: *Has your church been receptive to this ministry? If so, how?*
Deacon Zachary: *Yes, the members of our church have been very good. Any time we need any thing, we bring the need to the congregation and they give. They are big givers. They support us 100%.*

Cassandra: *Would you be willing to link your website to our site?*
Deacon Zachary: *I believe that, that would not be a problem but I would have to run that by Pastor Spencer first.*

Cassandra: *How has the ministry impacted you personally?*
Deacon Zachary: *This ministry inspires me to continue to help others.*

Cassandra's second interview was with the HIV/AIDS coordinator of Friendship Ministries. Contact was made with Donna Butler and below is an account of that interview.

Featured Church: Friendship Ministries Inc., 111-113 Oration St., Newark, NJ 07104, 609 274-6926

Cassandra: *When did the HIV/AIDS ministry start at your church?*
Ms. Butler: *The AIDS ministry at our church has been in existence for a year now.*

Cassandra: Why did the ministry get started and whose vision was it to start it?
Ms. Butler: The vision was Pastor Gerald Edwards' vision.

Cassandra: What has been the ministry's impact so far?
Ms. Butler: The ministry has not had far reaching impact yet. It is still in its infancy. I was chosen to continue to develop this ministry and I have been meeting some roadblocks. It is somewhat difficult to find the resources needed to get this ministry in full swing.

Cassandra: How do you envision the ministry flourishing? What is your vision for the ministry?
Ms. Butler: I see this ministry doing well, as long as I can find the needed resources to develop it well. We need speakers to come and talk to our people as well as finding places that can donate some of the things that the people need.

Cassandra: Has your church been receptive to this ministry? If so, how?
Ms. Butler: The church has been receptive but we need to do some more planning and try to find ways to incorporate them in the operations of this ministry.

Cassandra: Would you be willing to link your website to our site?
Ms. Butler: That decision would be Pastor Edwards'. I mean I do not have the authority to make that decision.

Cassandra: How has the ministry impacted you personally?
Ms. Butler: So far, I see a great need for this population and I am working on finding ways to get this ministry to have great impact.

Post Interview Reflections of Cassandra Roberts

This was my first interview with an HIV/AIDS ministry leader. I can truly say that after this interview, I was inspired to reach out on a greater scale to those suffering with this disease. Yes, I have worked with HIV infected individuals for over 10 years but somehow I was inspired to do more. These HIV/AIDS infected individuals need us. We must strive to be there for them. We must put our prejudices aside and be Christ to them.

It is obvious that the plight of the people suffering with HIV/AIDS is getting the attention of the church at large. In this case, here is a church, seeing the need and attempting to develop a ministry to meet the need. I applaud them for trying. This makes

me more determined to get involved on a larger scale.

Another site team interview was conducted by Pamela Murray on January 3rd 2005 with Juanita Miller, the Assistant Youth Minister at Abundant Life Family Worship Church in New Brunswick, New Jersey. The following is an account of that interview:

Featured Church: Abundant Life Family Worship Church, New Brunswick, NJ

Pamela: *When did the ministry begin?*

Pastor Miller: *The ministry began in 1991. The ministry is called ARMY-Anointed Radical Militant Youth.*

Pamela: *Why did the ministry start?*

Pastor Miller: *As a need to help the kids and teach them that they can live a holy life. The ministry serves 75-100 teenagers youth.*

Pamela: *What has been the ministry's impact so far?*

Pastor Miller: *We had a surprise guest speaker who is HIV positive and had a son. The teens were shocked to learn who the speaker was, someone whom they knew, living a normal life. She was 16 yrs. old when she contracted HIV from having sex (unprotected sex) for the very first time. She found out she was HIV positive when she went to have a pregnancy test. The teens knew her and her son from church, but they did not know about her situation". The teen were very attentive, in tuned to what she was saying so that you could hear a pin drop. She shared info on statistics, the amount of meds she takes, the number of trials she has to continually endure and try, the whole process of taking them to help improve her medical condition, and how every time she is involved with someone she has to share her situation.*

Pamela: *How do you envision the ministry flourishing?*

Pastor Miller: *Every year the program gets bigger. The program is open to anyone and the teens can invite friends. Every year on Valentine Day the church's ministry offers a dinner/dance for the teens. They provide a very nice and elegant affair. But just before the dance, the teens have to participate in an Abstinence Education program and other programs. Various speakers come out to share. One year we had a doctor. He brought gory pictures of STDs, teen pregnancy agencies come out, and every year it is a different speaker and someone from the church like the lady who shared her story on being HIV positive will share their testimony, breakdown the myths, and teens get to ask questions.*

Pamela: *What is your vision for the ministry?*

Pastor Miller: *Our vision is that the program will continue to keep impacting the youth telling them they can live holy. Our long-term goal is to buy a house and have a program for unwed mothers.*

Pamela: *Has the church been receptive to this ministry?*

Pastor Miller: *The church has always been very supportive. Bishop and his wife support the youth wholeheartedly.*

Pamela: *How?*

Pastor Miller: *They are always participating, encouraging, coming out to observe, but will later go out to stay in the general area by peeking in and listening from afar so as not to inhibit the youth from freely engaging in the program.*

Pamela: *If the church has a website would they be willing to add a link to "OUR" HIV/AIDS website?*

Pastor Miller: *I will talk to the Webmaster and get back to you.*

Pamela: *How has the ministry impacted you, the ministry leader? Personally?*

Pastor Miller: *I knew the person who is HIV+ personally. When she came to speak and would breakdown the myths and misconceptions, I found out a lot I did not know. Everyone learned a lot about HIV/AIDS and understood more. It was different from just reading about it, it was more personal when you personally are involved in it. We also have two retreats each year for the youth. One for 6-8 graders and one for 9-12 graders; they are done separately. I have seen where the youth will open up and talk about situations they have been involved in or see happening around them with other girls and boys and will talk about it and come to me to tell me about it. And it allows me to share with them about doing the right thing, staying away from certain situations or people and living holy.*

Post Interview Reflections of Pamela Murray

I thought the project was quite interesting. And after having completed the interview, it makes me feel excited and encouraged to learn what is going on in this particular church and how such a good program is being used so positively in the community to help our youth and to impact the children positively at their level. I think these ideas should be used to share with other churches.

A fourth interview was conducted by Sandra Avery. She contacted Sharon Jackson, who works at Down to Earth Ministries focusing on Aids/HIV related ministries. A detailed description of the interview is captured below:

Featured Church: Down to Earth Ministries, 5 North 4th Street, Richmond, VA 23219
(804) 329-3303. pelainej@msn.com

Sandra: *When did the ministry begin?*
Ms Jackson: *The ministry officially began September 11, 2004. However, Sharon has been an AIDS advocate for at least 3 years.*

Sandra: *Why did the ministry begin and what do want to accomplish?*
Ms. Jackson: *Because of her work as an AIDS advocate and seeing the pain & suffering of those affected by the disease, Sharon witness first hand how the rapid spread of this disease is destroying the African-American family and community. She works with an organization called, Peer Advocates Coalition of Central Virginia (PACOCV), which provides support to persons diagnose with AIDS. Sharon's client base consists primarily of African American women who have tested positive for the HIV virus. She has seen how women are being infected in other ways than from injecting street drags, or from having multiple sexual partners. For instance, there have been cases where faithful married women have been infected by their unfaithful spouses. These men may have been past injection drug users, currently having affairs, or are secretly living a homosexual lifestyle.*

Sandra: *What are some of the challenges with starting this type of ministry?*
Ms. Jackson: *The two biggest challenges are recruiting people to help with the cause and getting those infected with AIDS to come out to the events and/or places to receive help. Currently, Sharon has done much of the effort to develop this ministry. She struggles against Christians who do not see the urgency of epidemic or who are unable to make a long-term commitment to the cause. For those that have been infected with AIDS, there is negative stigma associated with the disease. As such, many are afraid to seek out local help. They do not want others to know they have the disease because they fear the community will ostracize them. People will drive several hours away from their community in order to seek help. In addition, when people see that it is a church attempting to reach out to them, they fear the church will openly condemn their lifestyle. Therefore, they will shun any invitations from a church. However, Sharon feels it is time to look beyond how people contract the disease and address their current spiritual, physical, and psychological needs.*

Sandra: *What avenues have you used to reach out to people impacted by AIDS?*
Ms Jackson: *We organized a community outreach. Unfortunately, no one showed up for the program. I desire to do another community outreach and involve local churches. Currently, there are three other churches with AIDS ministries. They include St. Paul's Baptist Church, Faith Community Church, and Mt. Moriah. Hopefully, other churches will join in.*

We have visited several of the low-income housing projects in Richmond and handed out flyers. We also currently run announcements on a local African-American gospel radio station and have plans of running those announcements on a local African-American soul station. In addition, I submitted a proposal for a grant for the church to help provide funding for the ministry; however, I wasn't awarded the grant - I'll submit another proposal this year.

I am also actively involved in the local resources. I am a facilitator at the annual HIV/AIDS retreats that are administered by the Catholic Diocese of Richmond Church. This church has 3 retreats annually. I also sit on three developmental committees: Sister to Sister, the State Consortium, and the

Virginia Department of Health. You can access either website at www.richmonddiocese.org or www.hivcenter.vcu.edu/index.html.

Sandra:

Ms. Jackson:

Has your ministry had an impact on the community? Explain.

Because of the newness of the ministry, I have not seen a noticeable impact on the community. Relationships must be developed in the community so that people will have the courage to come to the church to receive help. However, I understand that this type of ministry will require time. Fear and shame are strong feelings that have kept this disease secret and have kept people from seeking help.

Post Interview Reflections of Pamela Murray

Before having the opportunity to work with Rev. Boyd site team, my understanding regarding HIV/AIDS and its impact on the African-American community was extremely low. As with a lot of people, my attention as it relates to understanding diseases has been focused on those illnesses that have impacted my immediate family, such as heart disease, Alzheimer's, sickle cell, and alcoholism. By working with Rev. Boyd and interviewing various persons involved in the fight against the spread of AIDS, I have gained a greater understanding of the disease and can now see how this it is silently spreading and destroying our neighborhoods. I am especially moved by the effect it is having on African American women. As I learned how even faithful married women and innocent young abuse girls are being infected with the disease, I realized that this disease has indeed impacted my immediate family – my African American family. I don't believe things happen by chance, but rather there is a purpose behind encounters that one has in life. I am grateful for the opportunity to gain knowledge regarding this growing epidemic. Because of this experience, I feel compelled to learn even more about the impact of the disease and determine what I can do toward prevention and treatment of the disease.

The final two interviews were conducted by Felicia Wright on January 2nd and the 19th in 2005. She interviewed Roxanne Johnson and Nicky McFarlane.

She interviewed Roxanne Johnson, a member of St. Matthews AME Church in the Bronx, New York under the leadership of Reverend Ronald Ivcey. Felicia created a summation of the information she gathered at St. Matthews.

The HIV/AIDS ministry at St. Matthews held its first education/worship service in December 2001. The ministry was a vision given to Roxanne's previous pastor, Rev. Horace Henson, in response to the growing number of reported cases of HIV/AIDS infections. Up to now, they have been able to increase the knowledge about the nature of the virus primarily in their church community, especially the youth. They also collaborate with other organizations to reach out to the community. The AME Church Area Missionary Society has adopted a residential building for people living with the virus and Roxanne keeps in contact with the families in that building. She also used to live there.

Roxanne is looking forward to providing quality of life programs and referral services to people infected/affected by the virus. Her church's HIV/AIDS ministry has received a grant from the health department to expand their education and awareness services, so Roxanne would like to work in the surrounding community. At best, she can say that the church is tolerant with the HIV/AIDS ministry, but because her pastor followed up on their HIV/AIDS conference in December with a message on HIV/AIDS, they have experienced more support. Unfortunately, the church at large is still trying to get past the stigma and the "sin" issues surrounding the virus, but she foresees more interest and support as they move into providing more services.

Roxanne is presently working on getting computers in her church so that they can begin and design a web site for their church and the HIV/AIDS ministry. She will check

with her pastor and let him see our web site before they can agree on whether or not they would want to link with our web site. Having to spearhead their HIV/AIDS ministry has made Roxanne more aware of the problems and issues that persons infected with the virus face. Although she was diagnosed with the virus in 1992, she did not consider herself as a person affected by the disease. Her awareness level of the number of persons infected, the different age groups and nationalities has given her a broader perspective. She has been blessed with a great support system of family and friends and because of that, she took it for granted that almost everyone infected was also blessed. She has found out different.

Next, Felicia met with Nicky McFarlane of the Rehoboth Open Bible Church (ROBC) in Brooklyn, New York. The ROBC HIV/AIDS Ministry started on June 25, 2004. Nicky feels that there is a great need for churches to get involved with the AIDS crises because the statistics are alarming and the reality of the suffering is beyond human imagination. Churches must get involved to show AIDS victims that there are people in the world (children of God) that care for the suffering regardless of what kind of situation has caused the suffering. The members of ROBC are realizing how serious the epidemic is and how the devastating reality of the future of this disease has not stopped. Every fourth Sunday is HIV/AIDS Awareness Day. Nicky does have an HIV/AIDS presentation that helps the members see up close the devastation of the epidemic by showing videos or sharing testimonies and informing them what they can do to help prevent the spread of the disease. ROBC sets a time of prayer on the fourth Sunday to pray for children and families in Africa and other countries. More members come up to Nicky after service and want to know what they can do to help or just to encourage her to

keep the ministry going. Nicky thanks God for their support. ROBC has been receptive to this ministry. HIV/AIDS is not a subject that people usually want to talk about because of the stigma attached, but ROBC has allowed Nicky to speak out against it and encourage people not to be afraid. ROBC has a web site and there will be a site dedicated to the HIV/AIDS ministry.

Post Interview Reflections of Felicia Wright

I was impressed with Nicky's compassion and determination in having an HIV/AIDS ministry in her church. Her church is one of the few that seem to have the majority of the congregation in support of the ministry. That's a sign that Nicky is very convincing in her presentation. I was also impressed with Roxanne Johnson for her willingness to allow me to interview her. I admire her courage and determination to help herself as well as others who are infected with HIV/AIDS. She could have easily given up on herself, but she has maintained a positive outlook on life. I have also noticed that through this interview and this project as a whole, that it is going to take some time for churches to give their full support to HIV/AIDS ministries, but if we can find more people like Roxanne and her pastor, I think the majority will eventually catch on. I must admit that there was a time when I thought that HIV/AIDS was a gay person's disease or a drug abuser's disease. As the years went on, I noticed that many heterosexual people were infected as well as people who received bad blood transfusions. I am more personally concerned about cases that I have heard lately of women who are being infected by their husbands who they eventually find out are on the "down low". This is something that is prevalent in the African-American churches today. By completing the

project's questionnaire, I was able to search inside of myself and I have come to the realization that churches need to get past the "sin" issues and educate people more about HIV/AIDS. As the time is grows nearer to the coming of our Lord, all types of people will be coming to church. Some of them may have HIV/AIDS. We need to know how to counsel them as well as be aware of how to treat them. We can't be so quick to judge them, because they could have been very innocent. Through the project's prayer and bible study, I found myself to show more compassion for those who are infected by HIV/AIDS. Hopefully in the future, more political figures, pastors, and everyday ordinary people will show more compassion as well.

My experience with this Aids Project has been informative and rewarding in many aspects. The surveys that I helped with gave me a clear prospective on Aids and how so many people have been and are still affected by this disease. My eyes have been open even more to the pain and suffering that so many people have endured because of this epidemic. Our group meetings with Ricky Boyd were also quite beneficial as we were able to talk and share things that we've experienced personally. The group allowed me to not just focus on myself but it gave me a sense of how everyone else had been affected by their situations during the project.

AFRICAN-AMERICAN CHURCHES EXPRESSING INTEREST IN DEVELOPING A HIV/AIDS MINISTRY

Sandra Avery received specific feedback on the booklets from churches that she interacted with and the following are some of the feedback she received. Sandra found out during the course of her interview some churches clearly expressed an interest in developing HIV/AIDS ministries or to improve on their existing or inactive ministries.

However, there were churches that showed literally no interest in HIV/AIDS ministries whatsoever. This lack of interest in developing HIV/AIDS ministries is deeply disturbing yet; it mimics my experiences with churches in the New York and New Jersey area.

Below is a recap of the correspondence recorded from the 5 interested churches:

1. Annie Gibbs, Church Representative
Down to Earth Ministries
5 N 4th St
Richmond, VA 23219
(804) 329-3303
2. Rev. Linda McIoway, Associate Pastor
5th Street Baptist Church
2800 3rd Ave
Richmond, VA 23222
804-321-5115
Website: <http://www.5street.org/homepage.htm>
3. Rev. Calvin Duncan, Pastor
Faith and Family Church
7900 Walmsley Boulevard
Richmond, VA 23235
No Website
4. Rev. Ray Smith, Sr., Assistant Pastor
Faith Alive International Ministries
214 Cowardin Ave.
Richmond, Virginia 23224
804-230-2343
Website: <http://www.steveparsonministries.org>

Annie Gibbs from *Down to Earth Ministries* was impressed with the wealth of information that was obtained in the booklet. Her church, Down to Earth Ministries, has started HIV/AIDS ministries. This information will prove to be valuable. She forwarded the booklet to Sharon Jackson, who heads up the HIV/AIDS ministry who was able to review the booklet and speak with us.

We also received correspondence from Reverend Linda McLoway from 5th Street Baptist Church. She was very passionate about increasing AIDS awareness and reaching out to persons with AIDS and their families. She wanted to present the booklet to the church board in hopes this information will be used to implement a program that will reach out to those affected by AIDS. The booklet is well organized with good information. His church is relatively a new church. There are not current no plans to develop an AIDS ministry; However, this resource will be most helpful as we continue to reach out to the community.

The booklet was also passed out to local Pastors. Pastor Glenn McBride of Adonai Tabernacle started a church in his home about two years ago. He is open to new ideas to help implement growth in his church. He and his congregation is now worshipping in two conference rooms at a local hotel and stated he can use the booklet as a guide to those who may come in with HIV/AIDS related issues. Another, was Pastor Roy Kirton of the Circle of Love Church has a large population of young people in his church. He stated that he would use the booklet to develop a program to make the young people more aware of HIV/AIDS. And finally, Pastor Clarence Jones of the Bronx Pentecostal Deliverance Tabernacle will pass the booklet on to his youth leader to share with their young people.

**A CHURCH ACTION MODEL:
A RESPONSE TO THE HIV/AIDS CRISIS IN THE
AFRICAN AMERICAN COMMUNITY**

VOLUME II

By

Rev. Ricky Vernard Boyd

A DEMONSTRATION PROJECT

**Submitted to
New York Theological Seminary
In Partial Fulfillment of the requirements
for the degree of**

DOCTOR OF MINISTRY

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CHAPTER ELEVEN

THE EVALUATION OF THE IMPLEMENTATION PLAN

GOAL 1. DEVELOP AND ORGANIZE AN INTERCESSORY PRAYER GROUP.

An intercessory prayer group was developed within the site team to pray for those individuals living with HIV/AIDS. There were two components to our intercessory prayers. First, a small group of four people met regularly to pray for those with HIV/AIDS monthly (Cassandra Roberts, Ricky Boyd, Sarah Johnson and Devonna Garbutt). The whole group provided written prayers to lift up their individual concerns, thoughts and hopes of healing for those people who have HIV/AIDS.

OBJECTIVE 1: DEVELOP GROUP AWARENESS AND SENSITIVITY TO HIV/AIDS DISEASE.

The site team did increase group sensitivity towards people with HIV/AIDS in two ways, one by supporting Cassandra Roberts ministry of healing during her visits to those people who were living with HIV/AIDS. Two, by discussing and sharing our prejudices during our monthly meetings as reflected in the surveys on attitudes towards people with HIV/AIDS. The site team members had a positive attitude that the church and we, as individual Christians needed to become more involved in HIV/AIDS ministry.

The group recognized that action and involvement is the best measurement of one's sensitivity.

Strategies for Goal 1:

- Strategy A: Initiate group prayer for the healing of people with HIV/AIDS.

During every meeting we began with prayer for those living with HIV/AIDS. We asked churches to pray for people living with HIV/AIDS when we gave out newsletters and had individual discussions with pastors and church members.

- Strategy B: Solicit at least three congregations to pray for the healing of people living with HIV/AIDS. St. Paul's COGIC in Yonkers, Temple of Praise COGIC and Faith and Family church. These churches were willing participants in praying on behalf of those who are living with HIV/AIDS.
- Strategy C: Document discussions and scriptures on healing and prayer in the prayer group as a model of how to introduce HIV/AIDS discussion to local congregations.
- Strategy D: Have group read and critique Tilda Norberg and Robert Webber's book, *Stretch out your hand: Exploring Healing Prayer.*

The focus here is on the body of Christ as healers and the Biblical basis of our being called to the mission of healing. Every member of the site team read this book as an introduction into exploring the concept of healing and its relationship to prayer. Every

site team member did share his or her understanding of the relationship between healing and prayer during the Bible study sessions.

MINISTRY EMPHASIS

The ministry emphasis in this strategy is to utilize the ministry of intercessory prayer as a means of seeking divine healing while preparing activities that shall raise awareness of HIV/AIDS. This type of prayer is seeking God's divine guidance on behalf of another person or group of people to solve an issue and/or problem. The prayer group offers up their prayer on behalf of another person and believes that God will aid them in resolving a problem/issue. The intercessory group after praying seeks to add action behind prayers with work that focuses upon healing.

METHOD OF EVALUATION

- Develop intercessory prayer groups.

AGENT OF EVALUATION

The site team group was the Agent of evaluation who evaluated Ricky Boyd's leadership and effectiveness in leading intercessory prayer and encouraging us to pray individually as well as provide written intercessory reflections.

DESIRED OUTCOME

Have (2 or more) site team members feel empowered by intercessory prayer. Also, have site team acknowledge that God is working through our prayers, as well as on behalf of those infected with HIV/AIDS and families affected by HIV/AIDS.

OUTCOME

Every member of the site team who participated in the oral and written intercessory prayers shared their feelings of empowerment. The empowerment activities that ensued from our prayer meetings were the Aids Walk, Care Giver Visits, as well as persuading churches to participate in HIV/AIDS ministries.

GOAL 2: DEVELOP A SCRIPTURAL UNDERSTANDING OF THE RELATIONSHIP BETWEEN HIV/AIDS AND HEALING AMONG THE SITE TEAM.

The site team gathered three times from late July thru the end of August to provide group discussions and written responses to the Biblical passage selected by team leader, Ricky.

OBJECTIVE 2: DEVELOP A BIBLICAL UNDERSTANDING OF HEALING AND DISEASE AND ITS RELATIONSHIP AMONG THE SITE TEAM, SINCE WE AS AFRICAN-AMERICAN CHRISTIANS ARE CALLED TO BE HEALERS.

The team did develop an understanding between healing and HIV/AIDS as reflected in the group's written responses to the bible passages that we studied. In addition to the bible study and prayer, the group action activities that called us to be healers included supporting and raising money (\$400) for the Care Giver's Project, Holiday gift basket, calling churches and recruiting churches to participate in developing HIV/AIDS ministries indicated that a solid internal community was established that would call the broader Christian community to action.

Strategies for goal 2:

- Strategy A: Develop a Biblical based Bible study that looks at what the Bible says about disease and healing from Luke 5:16-20. The group provided verbal and written feedback from our sessions on August 1st thru August 15th, 2004.
- Strategy B: Distribute books and articles that discuss the relationship between healing and diseases to the group. The two main sources which provided the site team with information regarding healing and disease were Luke 5; 16-20 and Tilda Norberg and Robert Webber's book, *Stretch out your hand: Exploring Healing Prayer*. The members of the team were provided a personal copy of this book to read and reflect upon as part of their reflection of the relationship between healing, prayer and the faith community response. Along with these sources was the Biblical passage Luke 5: 16-20.
- Strategy C: Conduct group discussions in our bible session on each member's findings on the relationships between healing, ministry and HIV/AIDS. Group provided a brief summary of their group and individual reflection of their understanding between prayer, healing and their responsibility as members of a faith community.

METHOD OF EVALUATION

- Site team participation in Bible studies to understand relationship between the scriptures and healing.

AGENT OF EVALUATION

Discussion was done regarding the relationship between HIV/AIDS and Healing. We learned that God is a healer and because He is not a respecter of persons, He is mighty enough to heal even those affected by this disease. The Bible says, "He sent his Word and healed them." Ricky Boyd noted that "them" refers to all people with all manner of illnesses. Ricky Boyd assisted us in reaching out to sufferers of HIV/AIDS to pray with them and for their healing.

DESIRED OUTCOME

Have (2 or more) site team members acknowledge a biblical understanding of the relationship between healing and ministry.

Have site team members acknowledge a Biblical understanding of the relationship between disease and healing.

OUTCOME

All site teams members acknowledged a Biblical understanding of the relationship between healing and ministry.

GOAL 3: RAISE AWARENESS.

OBJECTIVE 3: TO RAISE AWARENESS AND CALL AFRICAN-AMERICAN PASTORS AND CONGREGATIONS IN METROPOLITAN NEW YORK/NEW JERSEY AREAS AND ACROSS THE UNITED STATES TO ACTION IN THE FIGHT AGAINST HIV/AIDS.

We believed that we raised awareness surrounding AIDS prevention by distributing three newsletters that highlighted the need for churches to attempt to develop HIV/AIDS ministries. Our own site team members increased awareness by sharing with their home churches and others to consider developing HIV/AIDS ministries. The churches that responded with interest were Temple of Praise COGIC, First Reform Church of Astoria and Mount Calvary Baptist Church of Newark, NJ.

Strategies for goal 3:

- Strategy A: Develop a list of New York/New Jersey African-American and multi-racial congregations for the purposes of sending them a newsletter. We sent out three newsletters to one hundred churches in New York and New Jersey.
- Strategy B: Distribute an occasional monthly newsletter: *Why AIDS*, *WHY NOW*, *WHY ACTION*. This newsletter was distributed directly to African-American Pastors (including meeting with some African-American Pastors) and handing newsletter to African-American congregation after Sunday morning services. This newsletter was a catalyst for personal ministry and allows us to introduce to churches, existing models for developing HIV/AIDS ministry as organized by some churches and ministries.
- Strategy C: Establish contact with pastors and congregations and discuss the development of a HIV/AIDS ministries and/or their support of those who have such ministries with time, money, or activities.

The ministry emphasis is to shed light or promote awareness of the problem HIV/AIDS poses to the African-American community throughout New York and New Jersey. The objective is to educate the church leaders and congregations about HIV/AIDS, and to share with them models of HIV/AIDS fellowship groups and support networks. The final newsletter provided interested churches a list of ministries with the best HIV/AIDS ministries in the New York and New Jersey area. These local ministries programs are well organized and prospective churches should model after their programs.

METHOD OF EVALUATION

- Site Team's feedback from churches.

AGENT OF EVALUATION

The site team participated in raising awareness regarding HIV/AIDS ministry by distributing flyers and the booklet on how to start a HIV/AIDS Ministry in the church. Response was positive and interest in starting HIV/AIDS ministry in the church was reported.

DESIRED OUTCOME

The desired outcome is to have African-American Christians, Pastors and Congregations acknowledge having gained an insight into the problems that HIV/AIDS pose to the African-American community.

OUTCOME

Many churches reported having gained insight into the plight of HIV/AIDS infected individuals. Some of these churches that acknowledged having gained insight include First Baptist Church of Englewood, NJ and Friendship Ministries Inc. of Newark, NJ.

GOAL 4: DEVELOP A HIV/AIDS WEB PAGE TO APPEAL AND ATTRACT THE ON-LINE COMMUNITY.

The web page was set up to give information about the impact of HIV/AIDS in African-American Communities and the larger Pan – African (African descent) Community.

OBJECTIVE 4: TO PROVIDE PEOPLE THAT VISITS THE WEB PAGE WITH THE ADDRESSES OF CHURCHES WITH PROGRESSIVE AND ACTIVE HIV/AIDS MINISTRIES.

This web page will also become a vehicle to send information to churches via the Internet.

Strategies for goal 4:

- Strategy A: Team will design a home web page focused on AIDS/HIV. A web page was developed by site team members to advertise to churches why HIV/AIDS issue is important to the African American community. The web page successfully provides the addresses of churches with HIV/AIDS ministry, testing facilities, and answers to many questions from general readers. The web pages

also supply the active church ministries web addresses so the public can obtain information directly from their church of interest. Finally, the web page contains the addresses of leading social service agencies that provides shelter, housing, and counseling service for those people infected or affected by HIV/AIDS.

- Strategy B: Have group advertise existing church ministries, testing sites and support groups for online community to access. A copy of the web site is listed in the index of this project. We list several organizations in our web page and they include Bailey House, Hale House, and Broadway House, which are organizations where people and churches can contribute assistance. These places also provide a place of assistance for individuals that are HIV positive.

METHOD OF EVALUATION

- Guest book feedback.
- We are sending 5 churches information monthly regarding updates on HIV/AIDS.

AGENT OF EVALUATION

The Site Team: Each member of the site team has accessed the web site and forwarded the website address to various churches. These churches now have the web site address that they can link their own web site to. When people seek information regarding HIV/AIDS ministry, it is readily available to them.

The Website Creator: The website creator has provided a section of the web site that will easily link churches that want to be linked to this site.

DESIRED OUTCOME

Provide the online community with knowledge of the locations of HIV/AIDS testing sites and counseling centers in the New York and New Jersey area.

OUTCOME

We are communicating with people who accessed the web site as well as the 5 churches to which information is being sent.

GOAL 5: SITE TEAM TO PROVIDE HOME HEALTH CARE VISITS FOR PEOPLE LIVING WITH HIV/AIDS.

Cassandra Roberts provided direct nursing visits to people living with HIV/AIDS and was instrumental in developing our healing and prayer ministry. She was the vehicle by which spiritual and material supports were provided for those in need. It was through her care giving services that we were able to provide specific material support for people living with HIV/AIDS and their families dealing with HIV/AIDS.

OBJECTIVE 5: PROVIDE 6-8 PEOPLE WITH MATERIAL SUPPORT.

This support totaled \$150 dollars and provided food, blankets, Bibles, and inspirational tracks to those in need.

Strategies for Goal 5:

- Strategy A: Raise money to provide those with HIV/AIDS with gifts. We raised a total of \$200 dollars. This money to support this Care Giver's ministry was supplied through church donations and individual contributions.

- Strategy B: Provide holiday emotional support to agencies that support HIV/AIDS Ministries. We also provided material support such as band-aids, aspirins, and food directly to an organization, agencies, or persons living with HIV/AIDS. We gave \$100.00 dollars to the Bailey House for their Thanksgiving celebrations and a gift basket worth \$100 dollars to Hale House for Holiday activities. We also supplied small toys and dolls to Hale House and Broadway House for children affected by AIDS to lift their holiday spirits.

METHOD OF EVALUATION

- Documentation of home care visits. Cassandra Roberts made 12 documented visits during the months of June to December 2004.

AGENT OF EVALUATION

The home health care visits were successful and the clientele were excited about receiving our small gifts and donations. Cassandra Roberts experienced the power of healing when several clients informed her that they felt better after receiving prayer and the gifts. This feeling of excitement uplifted these clients and affirmed their feelings that there are people who cared about their condition.

DESIRED OUTCOME

We shall encourage those (individuals and families) living with HIV/AIDS by giving gifts that are socially uplifting people spirits. Projected fundraising goal of \$200-\$500 dollars.

OUTCOME

We met the goal of providing \$200 dollars for this ministry. We met the goal of encouraging and providing healing ministry for those living with HIV/AIDS through the Home health care visits of Cassandra Roberts. These HIV/AIDS clients were ministered to in the form of prayer. In addition to prayer they were given gifts that uplifted their spirits and provided comfort. This was evidenced by some of the remarks she was given during her visits.

GOAL 6: **PARTICIPATE IN INTERNATIONAL AIDS DAY OR AIDS WALK TO SHOW SOLIDARITY AND INCREASE GROUP AND INDIVIDUAL KNOWLEDGE OF THE INTERNATIONAL ISSUE OF THIS PANDEMIC.**

OBJECTIVE 6: **TO PARTICIPATE IN THE NY AIDS WALK AND INTERNATIONAL AIDS DAY.**

Strategies for goal 6:

- Strategy A: To get site team members involved in this AIDS Walk on May 17th, 2004. We had three members participate in the AIDS day walk in Central Park on May 17th, 2004 and we raised \$100 dollars.
- Strategy B: Recruit churches to participate in the International AIDS Day on December 1st, 2004. St. Paul's and Temple of Praise COGIC was the two churches we recruited and persuaded to participate in world AIDS day celebration. St. Paul's COGIC had a Memorial Prayer Service in memory of families, friends and loved ones who passed away from HIV/AIDS. In addition, the site team gave St. Paul's two hundred and fifty dollars to support their advertising efforts and prayer service on December 28th, 2004.

METHOD OF EVALUATION

- Participation in two or more events from site team.

OBSERVATION AND PARTICIPATION

We participated in the AIDS Walk and supported St. Paul's COGIC Prayer service. Documentation of participation is supplied in the form of check and registration forms found in the appendices.

AGENT OF EVALUATION

Our written evaluation of our participation in AIDS day walk is supplied here in the demonstration project. However, it was a wonderful experience marching with thousands of people and a success in that it influenced us to see that our cause to help those with HIV/AIDS was not in vain. The desire for some site team members to participate in an event sponsored by the Gay Men Health crisis was remarkable given the theological conservatism of most of this group. This shows that ones theological beliefs are sometimes secondary to the need to help people. Our support of St. Paul's doing a prayer service to pray for those who had HIV/AIDS was a positive experience and our giving them financial support to carry out this event was our way of supporting this activity.

DESIRED OUTCOME

Obtain at least 2-3 churches or representatives to participate in International AIDS

Day and have Site Team members participate in the NYAIDS Walk.

OUTCOME

We did have three site team members participate in the AIDS Walk. We did recruit and have two churches participate in the International AIDS day event in December 2004.

GOAL 7: TO DEVELOP, DESIGN, AND DISTRIBUTE A RESOURCE GUIDE ON DEVELOPING HIV/AIDS MINISTRY AND OUTREACH FOR THE LOCAL AFRICAN-AMERICAN CHURCH.

OBJECTIVE 7: TO PROVIDE CHURCHES WITH A RESOURCE TOOL TO START THEIR OWN HIV/AIDS MINISTRY.

Strategies for goal 7:

- Strategy A: Develop a resource guide. A 55-page resource booklet was developed. The cost for each booklet was \$35.00. Donations for the booklet that was raised by the site team members totaled \$900 dollars.
- Strategy B: Distribute resource booklet to churches and obtain a signed commitment. We distributed this resource booklet to 30 churches and 25 returned signed indicating their interest in beginning a HIV/AIDS ministry.
- Strategy C: Talk to church leaders about their interest in developing a HIV/AIDS Ministry. Site team members visited and talked to church leaders directly about starting a HIV/AIDS ministry.
- Strategy D: Site team members shall interview leaders of HIV/AIDS ministries and organizations. Several church leaders were interviewed from St. Matthews, Bethany Baptist and First Baptist church.

METHOD OF EVALUATION

- Journaling of what it takes to organize such a resource guide.
- Interviews for usefulness.

AGENT OF EVALUATION

Site team members who were involved in this part of the project were highly enlightened by this experience. We have received good reception from various church representatives regarding the need and purpose for such a ministry. Ricky Boyd was extremely encouraging and supportive of our efforts as we interacted with these leaders. Throughout the entire whole process we have come away with a bigger drive to participate in this endeavor and to aid and minister to people suffering from HIV/AIDS.

DESIRED OUTCOME

Have African-American Churches use the resource guide for educating their members.

OUTCOME

Twenty (20) churches expressed interested in developing HIV/AJDS Ministries and several churches are actually in the process of developing one.

CHAPTER TWELVE

SITE TEAM EVALUATION OF THE D.MIN DEMONSTRATION PROJECT OF RICKY BOYD

This project focused on raising awareness of the plight of HIV/AIDS infected people in the African-American Church and with their Clergy. Here is an evaluation of Mr. Boyd's performance during this project.

GOAL 1: LEAD PRAYER GROUP: DEVELOPING GROUP AWARENESS AND SENSITIVITY TO HIV/AIDS.

EVALUATION

Ricky did an excellent job as a prayer group leader and has demonstrated excellent motivational skills as we worked together. He gave us information about the statistics concerning HIV/AIDS in the African-American community. He talked about people living around us each day that may not necessarily look sick but are suffering from this disease. He admonished us to pray for them on a regular basis. He did a very good job as a prayer leader and was persuasive in explaining to the group that they should do their own intercessory prayer individually and in writing as a reflection of what they are thinking about HIV/AIDS.

Ricky Boyd was very instrumental in leading the intercessory prayer sessions. He demonstrated good leadership and added insight to group members. He has focused on different aspects of the plight of HIV/AIDS infected individuals and encouraged us to

pray for the specific problems that they face. In our estimation, he is a focused leader and genuinely cares about people living with HIV/AIDS.

GOAL 2: LEAD BIBLE STUDY: DEVELOPING BIBLICAL UNDERSTANDING OF HEALING AND DISEASE.

EVALUATION

Ricky's theological training and expertise in Bible study regarding the relationship between the disease (HIV/AIDS) and the manifestation of healing was outstanding. The group learned that God is not a respecter of persons and that He heals even today. We have learned that God heals, physically, spiritually, emotionally and financially. We have experienced Him emotionally healing various HIV/AIDS infected individuals.

Healing scriptures were read and explained. Ricky referred to the scripture in Luke 5: 16-20. The scripture discuss the role of community in the healing process. It was clear during our discussions and meetings that Ricky was passionate about this scripture and asked the group to study it when we were not together. The scripture, as Ricky understood explained clearly that as we went forth during the ministry activities to think about our roles in the healing process from prayer, to care giver visits, to giving to different HIV/AIDS agencies to talking with pastors and church leaders. This scripture needed to be acted out in our witness to the community. He talked about God being a loving God who wants the best for His children, even the ones suffering from HIV/AIDS.

GOAL 3: RAISING AWARENESS OF HIV/AIDS AND ITS IMPACT ON THE AFRICAN-AMERICAN COMMUNITY: RAISING AWARENESS AND CALLING AFRICAN-AMERICAN PASTORS AND CHURCHES IN THE METROPOLITAN NEW YORK & NEW JERSEY AREA AND OTHER AREAS AROUND THE COUNTRY.

EVALUATION

Before this project, many of the site team members did not pay attention to the lack of focus on people suffering from HIV/AIDS by the church. This project has allowed us to open our eyes regarding the issues facing this population. It has helped us to focus on this topic from a spiritual and natural standpoint. However, Ricky did experience some emotional down moments when no churches responded to his group's willingness to set up a HIV/AIDS ministry. Ricky was disappointed at the lack of responses and felt the African American church was a spiritual and social let down to the community. Ricky expressed these thoughts in a few meetings and with everyone on a conference call and through E-Mails. There were moments when he did not feel like continuing the project and apparently had a meeting with a school official in early November. Ricky finally realized that he would finish the project and let the chips fall where they may, good, bad or indifferent. Ricky seems to be revitalized after his meeting with a school official and completed the booklet and had the group distribute it and request interviews. The change in attitude was a turning point in his desire to complete the project. The group did encourage him but to some degree was at a loss, and obviously did not fully understand the importance of this project to him at the time. Ricky did a good job in emotionally rebounding from his let down and helped us focus on the new change of direction by using the booklets as a tool for churches to begin HIV/AIDS ministry. He did a good job of pushing us to get pastors in the African-American community to focus on this segment of the population with their various spiritual, emotional and physical needs.

Ricky was effective in sending out newsletters to churches in the New York, New

Jersey Metropolitan area but felt some disappointment that more churches did not respond. However, he did not let the lack of response get him down but sent another newsletter and made follow up phone calls to get churches interested in developing HIV/AIDS ministry.

GOAL 4: DEVELOPING AN HIV/AIDS WEBSITE: GIVING OUT WEBSITE ADDRESS TO VARIOUS CHURCHES SO THAT THEY CAN LINK THEIR CHURCH'S WEBSITE TO THIS SITE, ALLOWING HIV/AIDS INFECTED PEOPLE TO FIND THE RESOURCES THEY NEED.

EVALUATION

Ricky led the way in telling how he wanted the web site to capture information for the public to read. The web site developer worked tirelessly under the direction of Ricky Boyd. The end result is one that is easy to read, allowing churches to link to this site, so that people can also contact them regarding their HIV/AIDS ministry. Most HIV/AIDS websites on the Internet do not focus solely on the African American church and HIV/AIDS awareness. This website does and Ricky has now other churches interested in developing HIV/AIDS website. Phenomenal job!

GOAL 5: PROVIDING MATERIAL SUPPORT TO HIV/AIDS INFECTED PERSONS VIA HOME HEALTH CARE PROVIDER: HELP AT LEAST 5 -10 PEOPLE WITH MATERIAL SUPPORT IN THE FORM OF CLOTHING, FOOD, BLANKETS AND MEDICAL SUPPLIES.

EVALUATION

Ricky was a great support for Gretlyn C. Roberts, RN who ministered to clients in their own homes. He assisted with providing holiday baskets for these homebound

clients. Items in the baskets ranged from skin care products, lotions, soap, body wash, face cloths, towels to a bag for client to carry medications and socks. From the intercessory prayers of the site team members and their giving material gifts many HIV/AIDS patients were comforted. Also, emotional and spiritual healing did occur in the homes of HIV/AIDS patients as expressed by their feelings of joy.

Other items given to Hale House and Bailey House included socks, gloves, scarves and slippers. Ricky Boyd made direct contact with these organizations and persuaded the site team to give gifts as one means of developing community interest and support for organizations that positively affect the lives of those living with HIV/AIDS.

GOAL 6: PARTICIPATING IN INTERNATIONAL AIDS DAY WALK: HAVING AT LEAST 3 -5 PEOPLE PARTICIPATE IN THE INTERNATIONAL AIDS DAY WALK.

EVALUATION

Ricky made arrangements for site team members to participate in the International AIDS Day Walk. A few members of the group, as well as Ricky Boyd participated in this walk. He is very much a good leader who leads by example. Site team members shared positive experiences from participating in this walk.

GOAL 7: DEVELOPING AND DESIGNING RESOURCE GUIDE ON DEVELOPING HIV/AIDS MINISTRY: WORKING WITH AFRICAN-AMERICAN CHURCHES IN NEW YORK AND NEW JERSEY AND THROUGHOUT SOME REGIONS OF THE UNITED STATES THAT HAVE EXISTING HIV/AIDS MINISTRIES AS A FOUNDATION FOR DEVELOPING THE RESOURCE GUIDE.

EVALUATION

Ricky's major successes were developing the HIV/AIDS booklet and having the group go out in discipleship form and give to 25 churches and trusted that they will develop HIV/AIDS ministries. Ricky worked really hard at this part of his project. Ricky's HIV/AIDS booklet was inspiring to many churches and encouraged those who had ministries to develop them further. Furthermore, those churches that did not have HIV/AIDS ministries many are interested in developing one. We encourage Ricky and this site team to make this project a life long ventures through the Website. There are many church organizations and pastors who found the booklet beneficial and complimented Ricky's efforts. We encourage Ricky to try to publish this booklet for the African American church beyond his Doctor of Ministry demonstration project. We commend him highly for a job well done.

OVERALL EVALUATION

Overall, Ricky Boyd has demonstrated that he is a focused, dedicated, hard working leader. The site team was happy to work along side him in his endeavor. We have learned a lot from him and wish him much success in the future.

REFLECTIONS AND THEOLOGY OF TRANSFORMATION

My original argument was that the African-American Church has played an insignificant role in addressing the HIV/AIDS crisis in the African American community. They have systematically failed in the collective coordination of developing HIV/AIDS

awareness. While there are a few churches with ministries that promote awareness, the overwhelming majority have no plans to attack this crisis.

My objective was to increase the number of African American churches involved in HIV/AIDS ministry. This objective was accomplished by developing a Church Action Model to respond to the crisis. The Church Action Model encompassed the HIV/AIDS booklet, care giver visits, and supporting agencies that help those living with HIV/AIDS. An important component of the Church Action Model was developing a HIV/AIDS booklet that provided churches with ideas and tools to guide them to action. In all, twenty-five churches accepted the booklet and acknowledged an interest in developing a HIV/AIDS ministry for their local church. Also, our booklets were used to encourage churches with no ministry or in-active ministries to develop a thriving HIV/AIDS ministry.

During the course of the demonstration project there were moments when I questioned my desire to be apart of the African-American church as a religious and spiritual institution. This self-doubt and turmoil resulted from non responses to our newsletters, phone calls, and initial interviews that we received from many churches. At times I found this to be painful and disheartening. What life and death issue is more important than the issue of HIV/AIDS?

After my initial disappointment, I realized the church is a collective body of believers who should not be blamed for weak pastoral leadership and their lack of social analysis of what is happening in our community. While some may be offended at this honest statement it is not directed at the minority of African American churches that are progressively involved in positive community action.

My assumption was church leaders and pastors would hear our call and seek our assistance without hesitation, but I was totally wrong. After my first correspondence was ignored I questioned the integrity of the churches as oppose to my thinking. After a brief discussion with the group we realized that telling churches what they needed was the wrong approach. It was not until we had something visual, concrete and free of charge did the Church begin to show interest. The most important learning experience I gained in the course of this project was that churches will do progressive ministry if they are given the tools to do so. The HIV/AIDS booklet allowed team members to begin a conversation with Pastors, Assistant Pastors, and church leaders about starting an effective ministry.

This project's focus was to create awareness of the impact of HIV/AIDS in the African American community. The ultimate objective was to persuade churches to develop their own HIV/AIDS ministry by using HIV/AIDS booklet as a tool for initiating a program. This objective of educating churches on HIV/AIDS awareness did occur and several churches are developing HIV/AIDS ministries. The process of attempting to move churches beyond their traditional comfort zone; to creating a new and challenging ministry was an emotional and theological struggle. Yet, I was encouraged and transformed on several levels.

My first observation was that writing and publishing documents have the greatest impact on moving churches to action. The booklet helped move churches to action and enabled the site team to obtain interviews with church leaders and administrators. Prior to the creation of the booklet, we were getting no response. This reality has encouraged me

to attempt to publish the booklet and write more documents that can move the African American church to social action.

As I wrote newsletters and other documents, some churches wanted to know what organization did represent. This occurred several times during the course of phone conversations and street discussions. Somehow there is a sense of legitimacy attached to organization promoting action as oppose to a small group of individuals. Therefore, we began the process of developing a non-profit organization to promote healthy living and lifestyles in the African American community. We felt that obtaining non-profit status or a connection to an established organization would have given our group more credibility. The objective of developing a church model action for attacking the HIV/AIDS crisis in the African American community was a worthwhile and needed project. Several churches learned from our discussions, interviews, contacts and the booklets. We helped those who were directly suffering from HIV/AIDS and supported community organizations that requested assistance due to reduced funding since 9/11. Overall the project enhanced my organization and diplomatic skills and provided me with insights on how to reach organizations and leaders.

SITE TEAM DEMONSTRATION POST PROJECT REFLECTIONS

REFLECTIONS FROM DEVONNA COUSINS

Another wonderful aspect of participating in this project was taking part in the Aids Walk 2004. I truly enjoyed being active for such a great cause. It was a tremendous feeling being able to finish the walk and know that I helped in some way. There were so

many people from all over, everyone joined together for this great cause. For me it was definitely a sense of accomplishment as this was my first time participating in a walk on that level. I recommend it to anyone who would like to share in an awesome experience! The amazing thing about the walk was the diversity of people that took part in this event. We had four people walk from this ministry group and all of were first time participants in any thing like this before.

Another rewarding experience I had during this project was that of donating holiday care packages to Hale House, which is a very well known organization. Hale House has helped so many lives throughout its existence-habies who may have not had any other means of support but have been saved through Hale House. I counted this an honor and a privilege to be able to give back to such an important organization.

My last part in this Aids Project was that of making phone calls to different churches to inquire about their Aids Ministries. It was good to know that there are Churches have an Aids ministry although the numbers are extremely small. Yet, it is nice to know the few that are taking part in this on going epidemic is attempting to make a difference. To my surprise I didn't get back any responses from the churches, which made me wonder how important an issue this was to these Churches. Did they just not have the time to respond to my phone call or was it for some other reason. I can only trust that these Churches who say they have an Aids Ministry are really taking part and making time to address this most crucial issue. The Churches I reached out to are as follows: Bethany Baptist Church, Family of Christ Worship & Praise Center, Friendship Ministries Inc, Mt Olive Baptist Church, St. Stephens Holy Bible Church of God, and Faith Baptist Church.

It was disappointing to me that these churches that claim to have HIV/AIDS ministry never returned my phone calls. I must have called them three or four times a week over the period of a month. I was saddened by this lack of response from these churches but after discussing this occurrence with the group I understood several members had similar problems earlier on in this project. So what is interesting is that there are a small number of churches in this struggle of AIDS awareness and those who claim to be in the struggle are doing very little in the struggle to prevent the spread of HIV/AIDS. But through it all I am happy that I did agree to participate in this project and now I see things as more urgent when discussing AIDS awareness. What is a mix blessing is how I see the church in a different light from this project. I love the African-American church but I need to love it more to help it do more. But it is difficult to help people whose priorities are survival from day to day. It is difficult to help people in the church (pastors included) whose main belief is taking a financial offering as oppose to an offering of helping the neediest in our community those suffering with life threatening diseases.

In conclusion, I want to thank Ricky Boyd for including me in this project as he goes forth to finalize his thesis. He allowed me to be a part of such a worthy cause and gave me deeper insights into those who are affected by the Aids Epidemic. We can make a difference if only we take sometime to give of our time and ourselves. The change begins from within!!!! This change begins with me so I am seeking to volunteer some time at an AIDS agency in the near future since my church does not have an AIDS ministry at this time. My pastor stated we cannot at this moment but since I am part of the larger church I can do sometime to represent the church and its mission.

WEBSITE REFLECTIONS FROM SADIO ORELIEN

Building the HIV/AIDS website has clearly enhanced my awareness of the impact of AIDS in the larger African-American community in the United States. From this awareness I now that a great need a great need exist within the community and the African American church to play a role in educating the African-American community. Prior to working on this website aids was something that I knew existed, but not knowing anyone directly affected with the disease, it became something that I rarely thought about. Yet, working on this website for the site team, including the newsletters, I have gained and heightened sensitivity to this issue and for those affected by the disease. I was surprised how distant emotionally I was from this impact of the disease on the larger African-American community.

REFLECTIONS FROM SARAH JOHNSON

I requested three booklets and received them and gave them out to churches who were seeking to do some type of special ministry. The churches that received them were impressed with the booklets and the sources of information in the booklet. As a disciple of Jesus Christ, it was my responsibility to deliver the booklets to the poorest churches in the Mississippi. While being aware that our focus was the New York and New Jersey area the HIV/AIDS virus is impacting all African Americans throughout the United States. As a result of my concern and Ricky's flexible thinking and understanding, I was able to pass out these expensive booklets to a few southern churches. The State of Mississippi does not have any Balm in Gillead connection nor is there any African American church in the state doing HIV/AIDS ministry. Therefore, the Temple of Praise in Canton, Mississippi is deeply interested in beginning a ministry. This church has a

few members who are HIV positive and one known case of full-blown AIDS. It was in testimony service that the person openly expressed it. The pastor of the church as well as the congregation was heart broken over this fact. My father and uncle have agreed to begin developing a HIV/AIDS ministry and I am leading the charge to develop this ministry at the moment at the Temple of Praise, Church of God in Christ. While I appreciated and enjoyed taking an introspective look at my view of HIV/AIDS, the prayer and bible study and giving donations to Hale house and Bailey house nothing is more life changing for a church than having a booklet as a tool to help develop social change and spiritual direction in churches, especially among the most conservative ones in the deep south. Ricky's development of this booklet was the greatest contribution to having African American churches develop an AIDS ministry.

CHAPTER THIRTEEN

MINISTERIAL COMPETENCIES

A THEOLOGIAN

GOAL

Be able to engage a group in Biblical reflection and prayer and relate scripture to world events and social problems. Specifically, be able to articulate and describe how healing can be applied to HIV/AIDS in the contemporary setting.

- Strategies A: Lead and encourage Site Team to pray and reflect on Scripture.

PROCESS OF EVALUATION

Obtain a collective summary by which the site team will evaluate the effectiveness of my biblical and theological teachings and its impact on their learning as well as my overall plan of implementation.

AGENT OF EVALUATION

Site team shall evaluate my ability to engage them theologically.

DESIRED OUTCOME

The feedback will show my ability to lead group in effective intercessory prayers. This feedback will also show my ability to lead site team to connect prayers, scriptures and theological reflections to God's healing presence in the world.

A LEADER

I shall have the ability to lead site team, execute objectives and provide support and direction to group in difficult moments.

- Strategies A: Lead and encourage Site Team to pray and reflect on Scripture.

PROCESS OF EVALUATIONS

Obtain a collective summary by which the site team will evaluate the effectiveness of my biblical and theological teachings and its impact on their learning as well as my overall plan of implementation.

AGENT OF EVALUATION

Site Team

DESIRED OUTCOME

The feedback will show improvements in my ability to execute objectives and goals according to the plan of implementation.

THE ASSESSMENT

Some members of the site team met with me on December 5, 2003 to discuss the overall plan of implementation and the two competencies that should be developed during the course of this project. Those present were Sarah Johnson of Queens, NY; Cassandra Roberts of Irvington, Devonna Cousins of Brooklyn, NY; Sadio Orelien of Roselle, NJ; and Manasse Nicaisse of Newark, NJ.

As Theologian, Ricky is proficient at explaining his theological perspectives of problems and the issues that needs to be confronted by the Christian Church. But we agree that Ricky needs to incorporate more scripture into his theological explanations of problems/issues to persuade African-American Clergy, congregations and the community he is confronting.

As Leader, Ricky sometimes tries to do too much to bring about change in the African-American Community and has a lot of ideas how to bring about change. We agree that Ricky should focus on specific issues burning in his heart as oppose to trying to confront all issues and problems in the African-American Church and Community. Ricky needs to try and persuade people practically on why issues of HIV/AIDS should matter to the African-American clergy, church and community in conjunction with his analysis.

SOURCES OF SUPPORT

Roxanne Johnson of St. Matthews AME Church in the Bronx was a key supporter of mine during this demonstration project. She provided insights into issues surrounding HIV/AIDS, and had several programs at her church, that gave me insight involving

community participation in HIV/AIDS awareness and ministry. Site team members were instrumental in their hard work and interviews with churches, including passing out booklets to members of the African American Clergy in New York, New Jersey, Mississippi, Michigan and Florida.

ASSESSMENT INSTRUMENT FOR CANDIDATE COMPETENCY

1. **Theologian:** A Theologian engages actively in biblical studies and theological reflection in the context of the contemporary world, in an effort to become learning and growing person who interprets the word in a particular time and place.

- Formal training in Biblical Studies
- Working knowledge of secular disciplines (ex. Psychology and Sociology)
- Study of a variety of theologians to gain a diversity of perspectives
- Relates word to the setting in which people live
- Ability to reflect theologically upon experiences and lifestyles

2. **Leader:** A leader is one who creates an environment in which the gift of the spirit may surface. She/he is an enabler. Such a person is characterized by a willingness to listen, the capacity to take the initiative when appropriate, the ability to delegate responsibility to capable people and the sensitivity to share resources.

- Willingness to learn
- Creative use of ideas and suggestions
- Follow-through on plans
- Takes initiatives when appropriate

- Delegation of responsibility to capable people
- Respect for talents and abilities of others

3. **Preacher:** Using appropriate language and diction, with effective delivery, a preacher presents research, organized, well-prepared, biblically based and spirit-centered sermons, which are intellectually and spiritually challenging to the listener's daily life and discipleship.

None Applicable

4. **Worship Leader:** A worship leader carries out the structure, formal aspects of worship – its sacraments/ceremonies, its variety of rites, its worship arts. The leader presents the sacraments/ceremonies as a living sign of God's presence, with meaningful confession, prayer and praise. She/he provides a variety of worship opportunities reflecting the traditions and taste of the local church/synagogue and involves her/himself in the spirit of the liturgy/ceremony.

None Applicable

5. **Change Agent:** As prophet, a minister speaks the truth in love, communicates an awareness of social injustice and sensitizes others to ethical implications.

None Applicable

6. **Ecumenist:** Understanding the need for unity in the religious household, an Ecumenist encourages interfaith understanding, dialogue and activity.

None Applicable

7. **Religious Educator:** An educator challenges the hearer to discover new resources within him/herself and others. A religious educator invites the hearer to a new and spiritually enlightened consciousness about self and society, to a creativity, which prompts us to ask new questions and work toward healing, reconciliation, and justice. Such a challenge elicits personal growth in the gift of the spirit and the overflow of these gifts into the community.

None Applicable

8. **Counselor:** The effectiveness of any form of pastoral counseling is always contingent on one factor – the pastor/rabbi. To the degree that she/he is open, genuine, free, self-accepting and growing, she/he will foster these qualities in others. Whatever the model, which guides the pastoral counseling, it is imperative that the minister be capable of establishing creative relationships, which can help make others whole.

None Applicable

9. **Pastor/Shepherd:**

None Applicable

- Caringly administers the Sacraments/Ceremonies.
- Visits those who are ill, whether in the hospital or at home, including shut-ins.
- Spends time with and comforts those who are bereaved.

10. Spiritual Leader:

None Applicable

- Familiar with the spiritual practices and history of his/her religious tradition.
- Sets an example concerning the observation of “Sabbath time”, such as constituting a regular day off and periodic days apart or retreats for spiritual refreshments.
- Attentive to his/her spiritual journey established through an ongoing relationship with God.

11. Administrator: An administrator is able to define and analyze a task/problem succinctly and clearly, establish concrete and realistic goals, develop strategies, which flow out of these goals and initiate a clear process of evaluation. She/he communicates a sense of mission, which sees each task as part of the whole life of the congregation and establishes a collegial environment in which the gifts in the congregation are expressed.

None Applicable

12. Professional Skills: These professional capacities are needed to under gird the performance of the various competencies of ministry.

None Applicable

APPENDIX A

A SURVEY OF THE SITE TEAM ATTITUDES, THOUGHTS AND REFLECTIONS ON HIV/AIDS AND THE CHURCH

SAMPLE SURVEY

A Survey on Attitudes towards People living with HIV/AIDS (PWA)

1. Do you consider yourself one of the following?

- A. Religiously conservative
- B. Religiously moderate
- C. Religiously liberal
- D. Religiously radical
- E. Anti – religious establishment
- F. Other.

Please Explain. _____

2. Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical
- E. Anti – establishment
- F. Other.

Please Explain. _____

ATTITUDES AND PERCEPTIONS TOWARDS PEOPLE LIVING WITH HIV/AIDS

3. Do you personally know someone with HIV/AIDS? How long have you known him/her?

- A. Yes, how long?
- B. No

Please Explain. _____

4. How did you feel about their contracting the disease?

Please Explain. _____

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. _____

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles be they heterosexual, Gay or bi-sexual?

Please Explain. _____

7. Do you feel people with HIV/AIDS are stigmatized by having the disease?

A. Yes

B. No

Please Explain. _____

8. Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

A. Yes

B. No

Please Explain. _____

9. What is the most pressing health issue in the African-American Community?

A. Cancer

B. HIV/AIDS

C. Diabetes

D. No health insurance

E. Other _____

Please Explain. _____

THE CHURCH AND AIDS/HIV

10. Do you feel Churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?

Please Explain. _____

11. Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

- A. Yes
- B. No

Please Explain. _____

12. Do you think your church would be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

- A. Yes
- B. No

Please Explain. _____

13. Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who is Gay and calls themselves Christian?

- A. Yes
- B. No

Please Explain. _____

14. Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

Please Explain. _____

15. What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain. _____

16. Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

- A. Yes

B. No

Please Explain. _____

17. Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

A. Yes

B. No

Please Explain. _____

18. Do you feel it is the churches responsibility to educate and help prevent the spread of HIV/AIDS/?

A. Yes

B. No

Please Explain. _____

19. What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. _____

20. What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. _____

Survey Beliefs and Attitudes Towards HIV/AIDS from Ricky Boyd (April 4, 2004)

1. Do you consider yourself one of the following?

- A. Religiously conservative
- B. Religious moderate
- C. Religiously liberal
- D. Religiously radical
- E. Anti – religious establishment
- F. Other.

Please Explain. I consider myself as a religious liberal in that I am supportive of issues such as, a woman's right to choose; I am a supporter of women's ordination, and I am not homophobic like the mainstream of my church. I view the larger religious and political struggles as cultural and political battles of justice versus injustice. Finally, I refuse to oppress any group or view them as "the evil other" based upon their being religiously and racially different from my social reality.

2. Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical (left leaning)
- E. Anti – establishment
- F. Other

Please Explain. My politics is clearly liberal – left and I sit squarely and comfortably in the African-American leftist political tradition. I see myself in the radical African-American intellectual tradition of James Baldwin, Walter Rodney, Manning Marble, Cornel West, Kwame Nkrumah, and TLR James. While I believe the present economic system is unjust in its distribution of wealth, I realize we must work within the present system to change the economic and social disparities as well as the racial stratification inherited in the present social system.

ATTITUDES AND PERCEPTIONS TOWARDS PEOPLE WITH HIV/AIDS

3. Do you personally know someone with HIV/AIDS? How long have you known them?

A. Yes, how long?

B. No

Please Explain. Yes, I have known three cousins who have passed away of HIV/AIDS. One was a female cousin who passed away in 1987, at the age of 28. She was a nurse and a graduate of Syracuse University who injected unclean needles into body while working in a hospital in Albany, New York. Her body was cremated and her service was held at my denominational church (COGIC) Pentecostal church. The other two person were male cousins who had passed away of complication of HIV (opportunistic disease) cancer related illness in 1985 and in 2004. I have known two male friends from High School who passed away of AIDS at 28 and 30 years of age in the early 1990's, including a close female friend who passed from AIDS in 1989. What is interesting is how a conservative churches can hold services for people who passes away from HIV/AIDS but have very little ministries to help those living with the disease to live a longer, healthier life. I knew five high school friends who passed away from HIV/AIDS from 1985 – 2000. Finally, one of my African American peers passed away of AIDS while I was at Union Theological Seminary in the early 1990's, he was a African-American Gay male and a Doctorial candidate. I am able to think of eight people who have passed away from HIV/AIDS without much thinking. Some of these people were in the church and saved.

4. How did you feel about their contracting the disease?

Please Explain. My female cousin I really liked a lot. I wished she never was an IV drug user and at best I wished she had cleaned those needles before she used them. In 1986, enough education existed at the time that this was one means of contracting the virus. My Gay male cousin and Seminary friend, along with my high school friends, I wished had used safe sex methods. However, I do not condemn their errors, for it is possible for anyone to make such mistakes during the period of 1981 thru the present.

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. Tough question. In the context of my conservative denominational tradition the answer would be affirmative. Yet, African-American religious institutions that are not educating people about the importance of protecting themselves against the evils of HIV/AIDS are living a sinful lifestyle. The sinfulness (and evilness) is the disease and the

institutional ignorance that pervades and influences churches to continue to close their eyes to this crisis. So who every hath not sin let them cast the first stone!!!

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles be they heterosexual, Gay or bi-sexual?

Please Explain. No, the disease is not a punishment from God for those who are living a sinful lifestyle. The disease should not be associated with "sin" but seem as a biological tragedy that we could avoid thru education and information.

7. Do you feel people with HIV/AIDS are stigmatizing by having the disease?

- A. Yes
- B. No

Please Explain.

8. Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

- A. Yes
- B. No

Please Explain. Yes, many still associate contracting the disease thru sin (whether heterosexual or homosexual contact) outside the bonds of marriage or in a situation of unfaith ness.

9. What is the most pressing health issue in the African American community?

- A. Cancer
- B. HIV/AIDS
- C. Diabetes
- D. No health insurance
- E. Other _____

Please Explain. HIV/AIDS is the most pressing crisis due to the sheer numbers which are dying yearly in the African American community. Also, it is impacting birth rates and affecting the most productive years of African Americans ages 25-44.

THE CHURCH AND HIV/AIDS

10. Do you feel Churches stigmatize are prejudiced against people living with HIV/AIDS in any way?

Please Explain. Yes, churches (Christians) still stigmatize and discriminate against people with HIV/AIDS by excluding certain “groups” of people from leadership roles in the church. And, if someone said they had HIV/AIDS many churches and Christians would marginalize them and blame their behavior as the reason to marginalize and exclude them as “important” members of the local religious bodies.

11. Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

- A. Yes
- B. No

Please Explain. Yes, churches should show public support but this is the easy way out of supporting people with HIV/AIDS. Churches should show support by increasing and developing educational awareness in the local church and teach members not to marginalize and exclude “groups” from leadership roles in the church.

12. Do you think your church be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

- A. Yes
- B. No

Please Explain. No, my local church would be supportive of someone with HIV/AIDS but would not be supportive with someone who is Gay. All would be welcomed as full members but there would be enough negative behavior shown toward them from the preacher that it would drive them away from attending our religious services. My denomination clearly takes an Anti-Gay position in accordance with scripture and their anti-Gay theological interpretation is preached regularly.

13. Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who are Gay and calls themselves Christian?

- A. Yes
- B. No
- C. **Please Explain.** No, definitely not. They would be embarrassed, dehumanized, laughed at, talked about and preached to during each and every service until they left or change their lifestyles.

14. Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

- 1. Yes
- 2. No

Please Explain. My local church is doing nothing presently to educate members about HIV/AIDS in the local church. People talk the talk but no one is walking the walk

15. What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain My local church is doing nothing

16. Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

- C. Yes
- D. No

Please Explain. Yes , the great cliché in the church is prayer changes things but we overlook that prayer, action and education assist prayer in changing and transforming lives.

17. Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

- E. Yes
- F. No

Please Explain. No, I have never heard him or her give a sermon dedicated to HIV/AIDS.

18. Do you feel it is the church's responsibility to educate and help prevent the spread of HIV/AIDS/?

- G. Yes
- H. No

Please Explain Yes, I believe it is the church responsibility to assist in developing educational programs to impact people's lives to help prevent major crisis. So the church should be more active in this endeavor to prevent the spread of HIV/AIDS..

19. What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. Develop educational programs and participate with other institutions that are concerned with halting the spread of this disease in the community.

20. What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. Find a local organization or church body whose mission is to halt the spread of the HIV/AIDS and join in his objective, including trying to persuade religious bodies to join this campaign and mission.

- **Survey of Beliefs and Attitudes towards HIV/AIDS by Devonna Cousins (April 4, 2004)**

1. Do you consider yourself one of the following?

- B. Religiously conservative
- C. Religiously moderate
- D. Religiously liberal
- E. Religiously radical
- F. Anti – religious establishment
- G. Other.

Please Explain: I consider myself to be a moderate because on certain issues such as abortion, I feel a woman has the right to choose- but on the other I would not feel comfortable in having a gay preacher.

2. Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical
- E. Anti – establishment
- F. Other.

Please Explain. _____

Attitudes and Perceptions Towards People Living with HIV/AIDSs

3. Do you personally know someone with HIV/AIDS? How long have you known him/her?

- G. Yes, how long?
- H. No

Please Explain. _____

4. How did you feel about their contracting the disease?

Please Explain. _____

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. I am not one to judge – if that was the case of how they contracted it – then the Lord would be the judge of their acts. However many aids victims have contracted the disease in other ways than sexual. This is a very devastating disease and many have suffered and are still suffering from it.

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles be they heterosexual, Gay or bi-sexual?

Please Explain. As I stated previously, who am I to judge? God is love and truth be told we have all committed sinful acts of some kind. Whether you're gay-straight or bi-sexual.

7. Do you feel people with HIV/AIDS are stigmatized by having the disease?

1. Yes
2. No

Please Explain. Yes they are stigmatized unfortunately because people form their own opinions of how one has contracted the disease instead of finding out the circumstances.

8. Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

1. Yes
2. No

Please Explain. I think of the Christians I know some are prejudiced and others are non-judgmental of a person living with aids. There are those who will be sympathetic to the person without any judgment and then there are those who will judge the person without even knowing the situation.

9. What is the most pressing health issue in the African-American Community?

- F. Cancer
- G. HIV/AIDS
- H. Diabetes
- I. No health insurance
- J. Other _____

Please Explain. I would have to say both B and C. So many people are suffering from both of these diseases.

THE CHURCH AND AIDS/HIV

10. Do you feel Churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?

Please Explain. The church is full of human beings and human beings at some point or the other will judge a person even though they don't know their circumstances. Yes I do feel that the church in its human state has been prejudiced against people living with aids whether they want to admit it or not.

11. Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

C. Yes
D. No

Please Explain. Most definitely. The church is there for the community, which needs to be aware of what's going on as it affects the people. This allows folks to become involved and find out necessary information.

12. Do you think your church would be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

C. Yes
D. No

Please Explain. I do believe that my church would be supportive of people living with HIV/AIDS regardless of how they contracted it. We cannot be judge and jury – however once they start coming to church and growing in the Lord – they will not have the desire to do those things that may have allowed them to contract the disease.

13. Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who is Gay and calls themselves Christian?

C. Yes
D. No

Please Explain. As a church and believers of God we would welcome them into the church. We would not however be in favor of their homosexuality. This would be something that with prayer and counseling would have to change.

14. Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

- 3. Yes
- 4. No

Please Explain. I think more needs to be done in the education of the disease. There is so much that we still don't know about the disease and how it's affecting so many people.

15. What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain At this time my individual church does not have much in the form of educational awareness or activities to inform people. I trust that we will begin some form of awareness for the community.

16. Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

- I. Yes
- J. No

Please Explain. Prayer definitely changes things and with God all things are possible. Prayer can definitely bring a healing to those who are suffering from this epidemic.

17. Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

- C. Yes
- D. No

Please Explain. I can't say I've heard a full-length sermon but I have heard sermons in which pastors have given a few minutes to discuss AIDS.

18. Do you feel it is the church's responsibility to educate and help prevent the spread of HIV/AIDS/?

- 1. Yes
- 2. No

Please Explain I do feel the church is responsible in helping to educate in the prevention of spreading HIV/AIDS along with other organizations and groups. The Church cannot do it all by itself but with the help of so many others we can get the message across.

19. What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. Information is key sharing what the church knows with the community at large can be a great help preventing this disease. Each one teaches one.

20. What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. Individual Christians can once again get informed and share the information with another Christian. Let's not keep it to ourselves – that won't help. If you see something, say something. Also don't be afraid to talk to others about Safe-Sex – It is a part of life and we need to share the information.

▪ **Survey of Beliefs and Attitudes towards HIV/AIDS by Felicia Wright
(April 4, 2004)**

1. Do you consider yourself one of the following?

- H. Religiously conservative
- I. Religiously moderate
- J. Religiously liberal
- K. Religiously radical
- L. Anti – religious establishment
- M. Other.

Please Explain. _____

2. Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical
- E. Anti – establishment
- F. Other.

Please Explain. _____

Attitudes and Perceptions Towards People Living with HIV/AIDSs

3. Do you personally know someone with HIV/AIDS? How long have you known him/her?

- A. Yes, how long?
- B. No

Please Explain. I know of a few cases. I knew them over a span of about 20 years. In 2 cases, the disease was contracted by male homosexual contact. In the other cases, they were a heterosexual women whose husbands or boyfriends contracted the disease and gave it to them.

4. How did you feel about their contracting the disease?

Please Explain. Of course I was shocked at first and then sad because it could have been avoided. Lately, there seems to be a lot of cases where a man is not honest about his sexuality and has a relationship with a woman while having affairs with other men (down low brothers). It is not fair to the woman because in many cases, she has no idea that this is going on and she contracts the disease unnecessarily.

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. Yes, in some cases. In some cases, I believe the disease is contracted through a sinful lifestyle (homosexual contact, sexual promiscuity or the use of dirty drug needles). In other cases, it is the innocent who contract it (spouses of drug addicts or bi-sexual partners).

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles be they heterosexual, Gay or bi-sexual?

Please Explain. Yes God does not approve of homosexual or bisexual behavior, sexual promiscuity or drug abuse. God must punish sin.

7. Do you feel people with HIV/AIDS are stigmatized by having the disease?

A. Yes
B. No

Please Explain. The first thought is that persons with the disease is either gay, bisexual or behaved in a way that caused them to contract the disease.

8. Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

A. Yes
B. No

Please Explain. I think the older saints tend to stigmatize people with the disease more than the younger ones do.

9. What is the most pressing health issue in the African-American Community?

A. Cancer
B. HIV/AIDS
C. Diabetes

- D. No health insurance
- E. Other _____

Please Explain. Unless you have a lot of money, it is very hard to get the best treatment for AIDS.

THE CHURCH AND AIDS/HIV

10. Do you feel Churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?

Please Explain. Same as answer in question 6.

11. Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

- A. Yes
- B. No

Please Explain. Church is supposed to be the place where people get instruction and help.

12. Do you think your church would be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

- A. Yes
- B. No

Please Explain. It depends on what you mean by full members. Anyone who comes to the church must first get instruction and get saved before they become full members. That goes for anyone, not just people with AIDS.

13. Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who is Gay and calls themselves Christian?

- A. Yes
- B. No

Please Explain. Same as question 10

14. Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

- A. Yes
- B. No

Please Explain. I do hear of churches giving seminars relating to HIV/AIDS.

15. What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain. We have heard ministers give instruction on the awareness of HIV/AIDS in sermons.

16. Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

A. Yes
B. No

Please Explain. Prayer can change everything

17. Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

A. Yes
B. No

Please Explain. _____

18. Do you feel it is the church's responsibility to educate and help prevent the spread of HIV/AIDS/?

A. Yes
B. No

Please Explain. It is one of many responsibilities of the church.

19. What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. The church should educate and not sweep it under the rug. They should also donate to organizations that try to find a cure or more treatments for HIV/AIDS.

20. What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. We need to communicate to each other and be honest. Groups can also participate in AIDS walks or donate to HIV/AIDS related charities.

- **Survey of Beliefs and Attitudes towards HIV/AIDS by Cassandra Roberts (April 4, 2004)**

1. Do you consider yourself one of the following?

- A. Religiously conservative
- B. Religiously moderate
- C. Religiously liberal
- D. Religiously radical
- E. Anti – religious establishment
- F. Other.

Please Explain. I consider myself to be religiously conservative. It is my belief that the Bible was written by men but inspired by the Holy Spirit. As a result of this, I believe that we, the human race should strive to do the things that are pleasing to God. Things such as pre-marital sex, homosexuality, infidelity and the like are not pleasing to God and should be avoided.

2. Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical
- E. Anti – establishment
- F. Other.

Please Explain. Politically, I believe that the government does not have all the answers to many situations that we faced as a society. I choose therefore to base my views of politics from a biblical and moral standpoint.

Attitudes and Perceptions Towards People Living with HIV/AIDSs

3. Do you personally know someone with HIV/AIDS? How long have you known him/her?

- A. Yes, how long?
- B. No

Please Explain. Since 1992, I have known and worked with many HIV infected individuals. Many of them have lost their battle with this disease and some are still alive.

4. How did you feel about their contracting the disease?

Please Explain. Most of them have contracted the disease from having extra-marital affairs and some from intravenous drug abuse. As a whole, it is from their choice of immoral acts. The exceptions are those who have contracted the disease through blood transfusions.

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. Mostly, they have contracted this disease from a sinful lifestyle. There has been however some who have contracted this through blood transfusions.

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles be they heterosexual, Gay or bi-sexual?

Please Explain. I do not believe that HIV/AIDS is a disease from God. As a whole, people have made choices in their lives that have allowed them to be exposed to this virus and quite often passed it along to unsuspecting partners. God has given us all free will but he instructed us to choose those things that will benefit and not harm us. In Deuteronomy 20 verse 19 the Lord tells us "I have before you life and death" and then he admonished us to "choose life, so that you and your seed may live." When we make harmful choices, we then suffer the consequences.

7. Do you feel people with HIV/AIDS are stigmatized by having the disease?

A. Yes
B. No

Please Explain. Yes, I do believe that people with HIV/AIDS are stigmatized because they are HIV positive. August 17th 2004 – I visited with a client is HIV positive and he shared with me that his is still stigmatized, even in 2004. He shared that many neighbors and friends look at him and his wife as though they have the plague.

8. Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

A. Yes
B. No

Please Explain. I have not personally experienced any Christians who are prejudice or that stigmatized people living with HIV/AIDS.

9. What is the most pressing health issue in the African-American Community?

- A. Cancer
- B. HIV/AIDS
- C. Diabetes
- D. No health insurance
- E. Other _____

Please Explain. I would say that HIV/AIDS is the most pressing health issues. This is because of the devastating effect on families when compared to diabetes, cancer and having no health insurance. When diabetes and cancer strike, they affect just that one individual physically and if they are diagnosed early they can be controlled. However, HIV on the other hand enters the body, it begins replication and progressively destroys the immune system and families in the process.

THE CHURCH AND AIDS/HIV

10. Do you feel Churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?

Please Explain. It is quite probable that some churches may stigmatize people living with HIV/AIDS. However, I have not witnessed this.

11. Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

- A. Yes
- B. No

Please Explain. Yes. The Church is a very powerful force and it is very important for the church to cater to the needs of the population. The Love of God can be demonstrated through prayer and educational awareness of this disease.

12. Do you think your church would be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

- A. Yes
- B. No

Please Explain. My church has welcomed many members into its midst. There are members from all walks of life and with various illnesses including HIV/AIDS.

13. Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who is Gay and calls themselves Christian?

A. Yes

B. No

Please Explain. My Church has given full membership privileges to many individuals. Who are openly gay would be welcome to worship with us. However, that individual would not be given a leadership role in the church. The Bible does not condone a gay lifestyle and neither would my church.

14. Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

A. Yes

B. No

Please Explain. From my point of view, it appears that the church is not doing enough to educate its members regarding this situation. There is very little mention about this topic. Brochures received from churches that I have visited make no mention of a ministry specific to HIV/AIDS.

15. What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain. My church does not have a HIV/AIDS ministry. What we do have are ministries geared towards substance abuse and healing.

16. Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

A. Yes

B. No

Please Explain. It is my firm belief that Prayer is essential component in praying for people with HIV/AIDS. I have encountered individuals over the years that have been HIV positive and yet the viral loads have been undetectable. Yes, some do take prescribed medications but it is my belief that prayer helps in bringing about such undetectable viral levels.

17. Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

A. Yes

B. No

Please Explain. No. I have never heard a pastor give a full-length sermon on HIV/AIDS, but I have heard the topic preached on as a reference to some point that was being made. Such sermons involved information on diseases of

the blood as it related to the enemy (Satan) gaining an entry in the blood stream of individuals in order to bring forth death.

18. Do you feel it is the church's responsibility to educate and help prevent the spread of HIV/AIDS? /

A. Yes
B. No

Please Explain. Yes, it is a part of the church's responsibility to reach out and educate society regarding HIV/AIDS. Education is key for the young and old alike.

19. What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. The church should have sexual education classes outlining the biblical standpoint of sex; also, the consequences of not following the Laws of God. Along with this, the church can reach out to individuals with: Information regarding statistics of HIV/AIDS; How HIV is spread; How to deal with HIV when one has already been infected; How to reach out to people who have already been infected and by providing substance abuse programs.

20. What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. Education is vitally important in helping to prevent the spread of HIV/AIDS.

- **Survey of Beliefs and Attitudes towards HIV/AIDS by Janet McKnight (April 4, 2004)**

Do you consider yourself one of the following?

- A. Religiously conservative
- B. Religiously moderate
- C. Religiously liberal
- D. Religiously radical
- E. Anti – religious establishment
- F. Other.

Please Explain. I am conservative due to my believing that you need to be born again and have a complete lifestyle change. I believe you cannot be Gay and Christian. You can be gay but once you accept Christ as your personal Savior you can no longer be gay. I am opposed to gay preachers. I have no problem with gay people coming to church to hear the word. I have no problem with someone who is gay participating in the life of the church so long as they are not in leadership of the church and a clergy or preacher.

Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical
- E. Anti – establishment
- F. Other.

Please Explain. I am for women's right to choose but would like abortionist to be limited and wish they did not exist at all. As an African American I agree with generally with democratic politics but the issues surrounding gay clergy and gay marriage I clearly oppose.

Attitudes and Perceptions Towards People Living with HIV/AIDSs

Do you personally know someone with HIV/AIDS? How long have you known him/her?

- A. Yes, how long?
- B. No

Please Explain. I have 2 family members (cousins, a sister and brother to die of AIDS. However, I did not know them well. They contracted through IV drug use.

4. How did you feel about their contracting the disease?

Please Explain. I thought that it was unfortunate that they died of AIDS and were drug users. To my knowledge they were not afflicted with any church or religion. They both left children to be raised by other family members.

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. I do believe that some did live sinful lives (according to the BIBLE) but we are all sinners saved by grace, none of us have led sinless lives. There are many who have lived a similar lifestyle but by the grace of God, did not contract HIV/AIDS. There are others who did not partake in homosexual behavior or IV drug use (which would be considered sinful) and contracted HIV/AIDS through blood transfusions or through a partner. Obviously, those who contracted the virus that way did nothing wrong to cause them to be exposed to it.

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles be they heterosexual, Gay or bi-sexual?

Please Explain. No, I don't believe the disease to be a punishment from God. God sometimes punishes us but he is more in the mood to heal and deliver those afflicted with illnesses. HIV/AIDS could be considered a disease brought on by Satan to afflict and hurt others but what Satan meant for evil God can use for his good. God could use AIDS to show that He is still a healer as evidence by those who have been fully healed and are living regular lives. It could be a warning from God to choose to live our lives according to His will and in a sense cause us to turn our hearts back to Him. Whether we are afflicted with the virus or are the family of those who are afflicted by the virus.

7. Do you feel people with HIV/AIDS are stigmatized by having the disease?

A. Yes
B. No

Please Explain. Yes, because I believe many who contract the disease are IV drug users or live a homosexual/ bisexual lifestyle, both of which are frowned upon by the church and the community.

8. Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

A. Yes

B. No

Please Explain. I don't think they are prejudice or stigmatize those people in my church congregation that are living with HIV/AIDS. Our church has a ministry call EMBRACE, especially for those who have HIV/AIDS. My congregation is relatively liberal so I don't think they are quite so judgmental. However, in other churches that are traditionally conservative such as in the Midwest or Southern states, I believe they are quite judgmental and prejudice regarding those living with HIV/AIDS.

9. What is the most pressing health issue in the African-American Community?

- A. Cancer
- B. HIV/AIDS
- C. Diabetes
- D. No health insurance
- E. Other _____

Please Explain. I think most African American in the US are living below the poverty line. Especially in the inner cities, the lack of health insurance is a problem. Some have Medicaid for medical issues. Even among the employed, health insurance is an issue. Health care is expensive in the US.

THE CHURCH AND AIDS/HIV

10. Do you feel Churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?

Please Explain. No, I don't think that most people in the church would stigmatize people living with AIDS if they were aware of them. Those who are living with HIV/AIDS in the church often don't come forward with the information for fear that they will be looked down upon by other church members. I do believe that most church members would try to help those with HIV/AIDS if they would come forward. Those with the virus believe they would probably act differently towards them for fear of contracting the virus.

11. Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

- A. Yes
- B. No

Please Explain. Yes, I think the church should show public support. Jesus Christ did not condone sin but loves the sinner. The church is to reach out to the community and support them. Ministry outreach is part of the churches mission. If the community/city in which the church resides has individuals with HIV or the church has members who have illnesses they should reach out

to help them through prayer or financial support if necessary. For member that feels strongly they could participate in AIDS walk or develop educational programs for other members of the church so they can be educated about the issues. As the body of Christ the church family should be concerned about all members of the church and help others to understand issues or problem that other members of the church family are experiencing (HIV/AIDS, Cancer, etc).

12. Do you think your church would be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

- A. Yes
- B. No

Please Explain. Yes, my church would have no problem accepting a member who contracting HIV/AIDS through a blood transfusion, inadvertently through a marriage partner who contracted HIV through an extramarital affair.

13. Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who is Gay and calls themselves Christian?

- A. Yes
- B. No

Please Explain. Yes, my church is supportive on any individual who has HIV/AIDS who is straight or gay. There are members of my church who are open about their sexuality. One Sunday, a member of our church who is a gay male spoke about the HIV/AIDS ministry at our local church and encouraged others to become a part of it. He was very pleased by the assistance he was receiving from the Church.

14. Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

- A. Yes
- B. No

Please Explain. Some churches that have HIV/AIDS ministries are educating the youth about the crisis. My church has teen church and youth fellowship in which speakers are brought in to discuss relevant issues such as sexuality, HIV/AIDS, teen pregnancy, etc. Also there are other ministries in the church such as the Missionaries that do outreach in Homeless shelters and other community project in which they may become involved with a person with AIDS. Other churches choose not to educate the youth regarding issues involving sexuality because biblically premarital sex is wrong, believe teaching about sexuality or HIV is condoning promiscuity in teens when abstinence should be practiced.

15. What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain. We have a ministry called EMBRACE which is for those who have HIV/AIDS. They sponsor various activities throughout the year. They also help those in the community who have AIDS. One activity I am aware of is held each November. The ministry hosts a pre –Thanksgiving AIDS Awareness Dinner.

16. Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

- A. Yes
- B. No

Please Explain. Yes, I do believe that prayer can help those living with HIV/AIDS. We are to pray for one another. God has given each member of the body of Christ the gift for the edification to uplift the body of Christ. For those who have the spiritual gift or special calling for prayer (intercessory) or healing should pray or lay hands on those who are sick with HIV/AIDS. Regardless of our spiritual gift we are all called to pray for one another.

17. Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

- A. Yes
- B. No

Please Explain. No, I have not heard a pastor of a congregation or Minister give a full-length sermon on AIDS. But I do believe our youth fellowship group has had a speaker or workshop on HIV/AIDS.

18. Do you feel it is the churches responsibility to educate and help prevent the spread of HIV/AIDS/?

- A. Yes
- B. No

Please Explain. It's not their only responsibility, but as a support to their members and the community they should sponsor programs and church activities help others understand HIV/AIDS and help prevent their members, especially the youth from contracting the virus.

19. What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. I think they should hold educational programs / workshops for the members of the church as a preventative measure to ensure the

members of the church are fully aware of how the HIV/AIDS virus is spread and how to protect themselves and their family members.

20. What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. Christians should encourage other Christians and non-Christians to get HIV/AIDS tests regularly (if they are sexually active) Regardless of our sexual history we are all susceptible to HIV/AIDS. Early detection is a mean of preventing the spread of the virus and can help the infected individual get the medical attention.

• **Survey of Beliefs and Attitudes towards HIV/AIDS by Sarah Johnson (April 4, 2004)**

1. Do you consider yourself one of the following?

- A. Religiously conservative
- B. Religiously moderate
- C. Religiously liberal
- D. Religiously radical
- E. Anti – religious establishment
- F. Other.

Please Explain. I espouse conservative religious ideas, as defined as being in keeping with the scriptural dictates. However, I believe that over the letter of the law exists the spirit of the law – which is the law of love and compassion. It meets needs even when others do not live, as we believe life should be lived, and reaches out a helping hand to lead the way, thorough love and compassion, to God and his Christ.

2. Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical
- E. Anti – establishment
- F. Other.

Please Explain. I am politically liberal with conservative leanings.

Attitudes and Perceptions Towards People Living with HIV/AIDSs

3. Do you personally know someone with HIV/AIDS? How long have you known him/her?

- A. Yes, how long?
- B. No

Please Explain. A member of our church has AIDS. But I have known several who have died already. I have known them for 2-15 years.

4. How did you feel about their contracting the disease?

Please Explain. Some I was curious about (the earlier ones); later ones, I was more saddened about. In earlier years, the disease was not understood and had a stigma attached to it. Now we know that homosexuality is not the only activity that causes people to be at risk.

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. Some did; some did not. With my conservative learning, I believe that same sex, multiple, and unmarried partners are condemned as choosing unhealthy sexual lifestyles, just as those who receive IV drugs choose unhealthy lifestyles. However, those who receive blood from these persons and contract the infection, or those who are born with AIDS, are not necessarily living a sinful lifestyle.

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles be they heterosexual, Gay or bi-sexual?

Please Explain. No, the scriptures point out that Satan comes not but to “steal, to kill, and to destroy” but Christ the Son of God came that humans might have life and that more abundantly. Just as God allowed Satan to test Job, and Christ told Peter, “Satan desires to sift you as wheat, but I have prayed for you that your faith fails not” I believe Satan is ever going before God to have his way with humans.

7. Do you feel people with HIV/AIDS are stigmatized by having the disease?

A. Yes
B. No

Please Explain. Yes, but not as much as before. People still feel they have to be careful around people with AIDS, but because of all the education on the subject, one is not apt to condemn those living with AIDS so quickly and adamantly.

8. Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

A. Yes
B. No

Please Explain. Yes, very much so – but there are others I know who are “more noble than those at Thessalonica” and search the scriptures to see how God would have us feel about people living with AIDS or any other disease for that matter – for disease in the earth is a result of man’s (through Adam and Eve) sin.

9. What is the most pressing health issue in the African-American Community?

- A. Cancer
- B. HIV/AIDS
- C. Diabetes
- D. No health insurance
- E. Other _____

Please Explain. I think there is a close tie between the HIV/AIDS and Cancer. But I believe it depends on what region of the nation one lives in whether one is higher than the other. Some areas are more accepting of promiscuous, addictive, homosexual behavior – these areas tend to have more AIDS sufferers. In other areas because of chemical people live with on a daily basis, cancer is the higher.

THE CHURCH AND AIDS/HIV

10. Do you feel Churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?

Please Explain. Yes, sometimes, the causes of HIV/AIDS are lump-summed together, and a platform to prevent youth from contracting the disease is preached – advocating lifestyle changes – drastic lifestyle changes even if the youth is not practicing a lifestyle conducive to contracting AIDS, a subtle message is sent that these lifestyles are the causes of HIV/AIDS. In that way, sufferers are stigmatized because their having the disease is categorizing them as having lived in one of the targeted lifestyles.

11. Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

- A. Yes
- B. No

Please Explain. Yes. Absolutely. Jesus said “I am come that they might have life and more abundantly. So Christians and the church as Christ’s body and representatives here on earth should be found doing whatever helps to eliminate the problem. Of course, counseling should also be offered at these events to show a better way.

12. Do you think your church would be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

- A. Yes
- B. No

Please Explain. Yes, with reservations. While many in my church would take the AIDS/HIV sufferer in as a full member (we believe Christ can change the heart), the burden would be on the sufferer to prove a clean (i.e. Biblical) lifestyle. Of course all would not receive him/her, but the majority would. My church has welcomed many members into its midst. There are members from all walks of life and with various illnesses including HIV/AIDS.

13. Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who is Gay and calls themselves Christian?

A. Yes
B. No

Please Explain. No, the church I attend would allow the homosexual entrance in the church, but he or she would not be allowed to become a full member or perform any service in the church. He or she would be encouraged to listen with the goal in mind of obtaining a time proven changed heart and lifestyle. However, the church would try to help them.

14. Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

A. Yes
B. No

Please Explain. No, I really think Churches are really afraid that if they speak, counsel, or hold events – other than gay –bashing, they will be considered pro-homosexual, or not tough enough on the subject. Jesus said it is not the well that need the physician – but those that are sick.

15. What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain. None, no explanation needed. My church doesn't even address the subject.

16. Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

A. Yes
B. No

Please Explain. Yes I believe prayer changes things, meaning it can draw sufferers to our churches where they can receive the liberating message of God's love and forgiveness. It can melt our hearts so we are not so hard-hearted towards those sufferers, but will be proactive in seeking to bring about change, education, and hope. It will take us into the highways and byways

where these people live and congregate to actively meet them “where they live”

17. Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

A. Yes

B. No

Please Explain. No. no explanation needed. I never heard a sermon on AIDS prevention. I have heard insets and comments on “not Adam and Steve” but “Adam and Eve” and other quips and cute phrases used to bash homosexual lifestyle.

18. Do you feel it is the church's responsibility to educate and help prevent the spread of HIV/AIDS?

A. Yes

B. No

Please Explain. Yes, absolutely. It is easy to bash homosexuals. It is a more difficult thing to walk beside them, hold their hand, see their mental addiction to a lifestyle, show them how to live, and be patient with them until they get it right – until Christ is formed in them. It is so easy to see the moth in another's eye; but sometimes, we who consider ourselves as all right, are sporting a whole beam in our own eye in others areas. We need to help each other to overcome – to be compassionate and show the love of God and how to overcome – when one has a problem that seems insurmountable to him.

19. What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. They can have programs such as AIDS rap or AIDS chat and firs of all discuss the issues. It can issue condoms to teens as prevention while continuing an ongoing dialog with them on the virtues of abstinence. It can hold concerts and fund raisers for the express purpose of promoting research and education on the subject. It can hold health fairs that include HIV/AIDS as one of the subjects it provides information about. It can hold a semi-annual prayer day for AIDS/HIV sufferers.

20. What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. Be sure they are living a clean (Biblical) lifestyle. Pray for sufferers. Talk to the youths about the subject. Bring the subject up in conversation – so others can have an opportunity to express themselves and give one a feel for where they are on the subject.

- **Survey of Beliefs and Attitudes towards HIV/AIDS by Pamela Murray (April 4, 2004)**

Do you consider yourself one of the following?

- A. Religiously conservative
- B. Religiously moderate
- C. Religiously liberal
- D. Religiously radical
- E. Anti – religious establishment
- F. Other.

Please Explain. My views are based solely on the teachings of the Bible without interference of my own personal feelings (which are no importance anyways)

Do you consider yourself one of the following?

- A. Politically conservative
- B. Politically moderate
- C. Politically liberal
- D. Politically radical
- E. Anti – establishment
- F. Other.

Please Explain. All of my views/ beliefs are influences by my faith (Jesus Christ – the Bible)

Attitudes and Perceptions Towards People Living with HIV/AIDS

Do you personally know someone with HIV/AIDS? How long have you known him/her?

- A. Yes, how long?
- B. No

Please Explain.

4. How did you feel about their contracting the disease?

Please Explain. N/A

5. Do you believe people who contracted the disease contracted it in a sinful lifestyle?

Please Explain. No necessarily. There is more than one way to contract the disease. Some may have contracted it in a “sinful” way; whereas, someone else simply may have been a “victim” – where they contracted it unknowingly.

6. Is AIDS/HIV a disease from God to punish those who live in sinful lifestyles bc they heterosexual, Gay or bi-sexual?

Please Explain. I believe it could be. And that it could also be a way for God’s name to be praised. Because, so much good, love, compassion, and help to others have come about through the disease.

7. Do you feel people with HIV/AIDS are stigmatized by having the disease?

A. Yes
B. No

Please Explain. Yes, I believe most are. Years ago people were afraid of the disease or of someone who had it. Now the general public is more educated about it and better understands the truths, facts, and myths about it.

Of the Christians you know do you feel they are prejudiced or stigmatize people who are living with HIV/AIDS?

A. Yes
B. No

Please Explain. It is possible. Christians are people too. People/ humankind first; second Christian... but hopefully people (Christians) are moving towards being a reflection of Christ in their own first expression.

What is the most pressing health issue in the African-American Community?

A. Cancer
B. HIV/AIDS
C. Diabetes
D. No health insurance
E. Other: High blood Pressure / heart disease/ obesity

Please Explain. I know more people who die or suffer from these than the others listed.

THE CHURCH AND AIDS/HIV

Do you feel Churches stigmatize or are prejudiced to people living with HIV/AIDS in any way?

Please Explain. No no more than the general public (the Church is a make up for people).

Should Churches show public support towards people living with HIV/AIDS in the form of AIDS walk, church prayer, and developing educational awareness programs in the church?

- A. Yes
- B. No

Please Explain. Yes. Sure it is the form of showing compassion, love , and support like Christ did.

Do you think your church would be supportive (welcoming them in the church as full members) of someone with HIV/AIDS who are straight and Christian?

- A. Yes
- B. No

Please Explain. Sure, just like anyone else who has committed his or her life to being a Christian (Christ like).

Do you think your church would be supportive (welcoming them in the church as full Members) of someone with HIV/AIDS who is Gay and calls themselves Christian?

- A. Yes
- B. No

Please Explain. No because being gay is not Christ-like. Like any other sin, one must first repent, then demonstrate / exhibit a repented lifestyle.

Is the church doing enough to educate its members about HIV/AIDS in their local? Congregations?

- A. Yes
- B. No

Please Explain. No unless they are providing educational programs

What type of programs and/or educational awareness activities does your church have to educate people about HIV/AIDS?

Please Explain. Nonc. However, they support (send inoney to those agenciees/ program/missionaries that do support or provide services to this group of people.

Do you believe prayer can be effective in helping to bring healing to people with HIV/AIDS?

A. Yes
B. No

Please Explain. Sometimes, yet overall it depends on God's Will.

Have you ever heard a Pastor of a congregation or Minister give a full-length sermon in their church on HIV/AIDS prevention?

A. Yes
B. No

Please Explain. No. I believe it should not be done. A sermon or pulpit is for preaching the Gospel.

Do you feel it is the church's responsibility to educate and help prevent the spread of HIV/AIDS/?

A. Yes
B. No

Please Explain. Their first responsibility is the salvation of souls. Secondly to minister to the spiritual and physical needs of the people.

What do you think churches should do, if anything, to help prevent the spread of HIV/AIDS?

Please Explain. I think the Church could and should help to prevent the spread of HIV/AIDS – By nature of Biblical teachings. The church is the number one influential force in the community.

What should individual Christians or a group of Christians do to help prevent the spread of HIV/AIDS?

Please Explain. Live a sexually responsible lifestyle befitting a Christian.

APPENDIX B
NEW YORK CITY AIDS WALK PARTICIPATION FORM

AIDS WALK NEW YORK

SUNDAY • MAY 16
2004

A TEN KILOMETER FUNDRAISING WALKATHON BENEFITING GAY MEN'S HEALTH CRISIS AND OTHER AIDS SERVICE ORGANIZATIONS

Gay Men's Health Crisis (GMHC), the nation's oldest and largest AIDS organization, provides services for thousands of men, women and children with HIV/AIDS in New York City, and reaches tens of thousands more through its education and advocacy programs.



FOR ADDITIONAL SPONSOR FORMS OR MORE INFORMATION VISIT www.aidswalk.net OR CALL (212) 807-9255

Created by MZA Events, Inc./Craig R. Miller, Producer

Suggestions for AIDS Walk New York Participants

Before the AIDS Walk

1. Think about why you are walking and then set a personal fundraising goal.

Remember the thousands of men, women and children living with HIV/AIDS who are relying on your support. Set your fundraising goals high and you will be surprised how much you can raise. Last year, walkers raised an average of \$259 each. Many walkers raised thousands of dollars. Please do all you can.

2. Create your web page.

At www.aidswalk.net you can create your own web page where friends and family can sponsor you directly online with a credit card, making collecting donations easier than ever. Simply click on "My HO" and follow the simple steps. If you haven't yet received an email with your user name and password, drop us a note at AWNInfo@aidswalk.net and we'll send them to you to get you started.

3. Sign up sponsors.

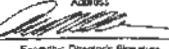
Ask your family, neighbors, co-workers and friends to sponsor you. The suggested minimum pledge is \$25, and many of your sponsors will pledge \$50, \$100 or more to support your efforts. And, of course, you should sponsor yourself, if you can. Please do not solicit contributions on the street.

4. Collect the money in advance.

Ask your sponsors to PAY WHEN THEY PLEDGE. This will speed up the money going to the fight against AIDS and allow you to avoid making a second trip to collect the contributions. Ask your sponsors to make their checks payable to: "AIDS Walk New York" or simply "AWN". Their canceled check will be their receipt. Online credit card donors will receive an email confirmation and receipt.

Rain or Shine

Even if it rains, please come to the AIDS Walk and sign-in at 8:30 a.m. to turn in your contributions and sponsor form. If heavy rain forces the shortening of the AIDS Walk route, you will receive credit for walking the ten kilometers and be asked to collect and send in all outstanding pledges.

The bearer of this form	Signature of Solicitor	The City of New York Department of Social Services License No. A-10147
Name of Solicitor		
is a duly authorized representative of		
Address of Solicitor		
Gay Men's Health Crisis Name of Licensed Organization		
119 West 24th St., New York, NY 10011-1913		Dates in force: Feb. 1, 2004 to June 30, 2004
and is authorized to accept contributions in its behalf		Solicitation of Walkathon Pledges: New York City
		Executive Director's Signature

Walk Day - Sunday, May 16

Bring this sponsor form and all pre-paid pledges with you to the AIDS Walk in Central Park. Sign-in opens at 8:30 a.m. in the park. The opening ceremonies are at 9:15 a.m. and the AIDS Walk begins at 10:00 a.m. Since thousands of people will be participating, we suggest you arrive promptly at 8:30 a.m.

Most people will take about 2 1/2 hours to walk the ten kilometers (6.2 miles). It is important to wear sturdy shoes and we suggest you dress in layers for comfort. Refreshments and rest room facilities will be provided at checkpoints along the route.

Matching Gifts Can Easily Double Your Money

You may be able to double your contributions to the AIDS Walk if those who sponsor you if their company has a matching gift program. Hundreds of companies match the donations given by their employees. Also check with your employer to see if they will match your donation and/or the money you raise.

Earn Fundraising Awards!

\$150 or more - Official 2004 AIDS Walk designed T-shirt.

\$250 or more - Official 2004 AIDS Walk cap and T-shirt.

\$500 or more - Official 2004 AIDS Walk beach towel, cap and T-shirt.

\$1,000 or more - Join the Star Walker's Club by calling 212-807-8123 and then set a goal to raise over \$1000. You'll earn all the award items plus a special Star Walker sport duffel, and your "fundraising royalty" crown to wear during the Walk!

To qualify for these awards, contributions must be received in the AIDS Walk office by 5:00 p.m. on Wednesday, June 9, 2004.



*Note: IRS regulations require that individual contributions of \$250 or more be confirmed by a letter from the charity to the donor. In order for GMHC to adhere to this regulation, please be certain that the name and complete address of all your sponsors whose gifts are \$250 or more appear on the front of the check.

 In Cooperation with City of New York Parks & Recreation

A copy of GMHC's latest financial report can be obtained from the Attorney General by writing to the Charities Bureau, 150 Broadway, New York, NY 10013, or by contacting GMHC in their Building, 119 W. 24th St., New York, NY 10011-1913, or call 212-807-1500.

APPENDIX C

LIFTING OUR VOICE TO GOD: PRAYING ON BEHALF OF THOSE SUFFERING FROM HIV/AIDS

JUNE INTERCESSORY PRAYER OF SITE TEAM MEMBERS

The following are some site team members' intercessory prayers for people living with HIV/AIDS. Each member spoke from their heart to God on behalf of those who are suffering.

JUNE INTERCESSORY PRAYER OF RICKY BOYD

Lord, teach me to find ways to include in our church those who among us are living with HIV/AIDS and not exclude them. Lord, teach me to find ways to educate with love those pastors and church leaders who are more concerned about their image than about providing healing to those living with HIV/AIDS. Lord, teach me to be an example of love and healing by challenging religious institutions who are more concerned with personal pity that is absent of healing and enlightenment. Lord, teach me to teach me how to be a vessel of love and honor and help those families, friends, loved ones and even strangers to be comforted in the midst of hopelessness and suffering. Lord, help me to bring healing and hope in the midst of every storm. Lord, help me to help others and to do your will in the mighty name of Jesus.

JUNE INTERCESSORY PRAYER OF DEVONNA COUSINS

Lord, prepare me to be a sanctuary, strong and holy tried and true. With thanksgiving I'll be a living sanctuary for you. Dear Lord as we go through this life and come in contact with so many different types of people, I ask you Lord to allow us not to just see the bad side but also the good. For we do not know what the person's story is and we do all have a story. For the HIV/AIDS victims whom we know and don't know let us hold them up in prayers and give a helping hand when needed. For we do not know the day or the hour that we will meet some kind of tragedy so we

should not judge those who have. Lord direct our hearts and souls, touch our minds allow us to do better as we continue to live in this world. Allow us to see that we in our corner of the world can make a difference to those who are suffering from this disease and so much more. We give you all the praises, in Jesus name. Amen!

JUNE INTERCESSORY PRAYER OF CASSANDRA ROBERTS

Dear Heavenly Father, we have erred and strayed from your ways like lost sheep. We ask your forgiveness and seek to do your will. We bring before you this day, the plight of so many individuals who are suffering from HIV/AIDS. May you bring them comfort. May they feel your presence so close and know that you love them. Your love is eternal Lord. There is nothing that they can do, nothing they can suffer, nothing they can say that will cause you to stop loving them. Help them to know that if you care for the lilies of the field then you care for them. Send your servants at the right time, to minister to their needs. Help them to focus on you because as they do, they will find PEACE. In Jesus' precious name. Amen.

JUNE INTERCESSORY PRAYER OF FELICIA WRIGHT

Lord, we thank you for another day that wasn't promised to us. Lord, we ask that you help those who are suffering from HIV/AIDS. Please give them the strength to go on and do all they can to stay alive and get better. Help them when they are in despair and feel like giving up. Give them courage when people do not treat them in love, but with judgment. Please help them spiritually; because however they contracted the disease, you are faithful to forgive if they confess their sins. Lord, help them get rid of the anger and hurt at those they contracted the disease

from. Help them to love and forgive when they want to hate. Please bless their relatives and loved ones and give them courage when they are confronted by those who judge them. Please bear them up in times of bereavement due to the loss of an HIV/AIDS victim. Help them in times of confusion and when they ask, "Why?" Please give our political and religious leaders the compassion to do all that is possible to spread the message of awareness when it comes to HIV/AIDS and find a better treatment. This we ask in the name of Jesus. Amen

JUNE INTERCESSORY PRAYER OF JANET MCKNIGHT

Father God, Our creator, Our Redeemer, God of Power, God of Love, we come before you on behalf of those who have been diagnosed with the HIV/AIDS virus. We ask God that you would shine your light down upon them and shower them with your presence. Let them know that you care and love them; that they are neither forsaken nor forgotten. Remind them that you are a God who heals, delivers, and restores. Father, hear our prayer. Strengthen their families that they would be a source of support and comfort for them during their illness. Help fathers, mothers, sons and daughters love their family members with HIV/AIDS regardless of their lifestyles. For those who may leave family who rely on them for financial support, let them know that in his/her absence that you promise to supply all their needs according to your riches and glory. Father, hear our prayer. We need to find a cure for this terrible illness. Father, guide those who are doing research on this illness and help them to find a cure that lives might be saved. Be with all those who are medical caretakers of those with the virus. Help them to show patience and compassion on those with HIV/AIDS. We also need legislature passed that will provide funding for research. Speak to our political leaders and give them a heart for this issue. We also pray for those in leadership in other countries who are developing HIV/AID health policies. We know

they look to the USA as a source of strength and guidance. Help us as a nation to be a role model for how a country should deal with the HIV/AIDS crisis. Father, hear our prayer. Lord, give our communities a heart for this issue. You said where 1 or 2 are gathered together in your name you are there in their midst. Help our communities to organize rallies and activities so those who are afflicted with HIV/AIDS can know that God's people care and are concerned about those with HIV/AIDS. God, we know you are in the midst of your people and love us all regardless of our afflictions, that your arms are open to those with HIV/AIDS. Amen.

JUNE INTERCESSORY PRAYER OF SARAH JOHNSON

Heavenly Father, You are the God in whom the whole family in Heaven and Earth is named. Thank you for your protection, and the wisdom you afford to humankind. You are awesome! You are glorious! I worship you for who you are. Thank you for the gift of salvation that you have given to me, your church, and the world. I thank you, God, for all the things that you do. Everything good that happens to us, Lord, we understand that it is the result of your mighty Hand at work. Thank You, Loving Father. Lord, you said in Your Word, that if we ask, and it will be given. If we seek, we will find, and if we knock, closed doors will be opened unto us. You also instructed us that whatsoever we ask in prayer, you would do it. You told us to ask and we would receive that our joy may be full. Through Your servant, James, You said 'This is the confidence that we have in Him that if we ask anything according to His Will, He hears us, and if we know that He hears us we know that we have the petitions we have desired of Him. We, now, Lord, put you in remembrance of these Words, and Promises that You gave to those who believe on Your Name. You said Your promises are 'Yea,' and in Him, Your Christ, 'Amen.' Now, Father, I ask that You look upon this young

man, and this young woman whose body is not as You ordained it to be through disease, and sickness. Touch in this life that you gave. Please, Lord, provide healing for spirit, mind, and body. Give them relieve from this ordeal that they are facing by placing laborers in their path to help them along the way. Open the eyes of each member of this church, and let us see the needs of these individuals. Lord, don't let us stop there, but let us be like You by being proactive in providing the assistance that these individuals need – socially, spiritually, financially, and in giving needed time, and physical assistance. Show us how to help them. Show us the things that are most needed in their lives, Lord. We'll make ourselves available to You. We'll do it as unto You, Father. Jesus said that at that great judgment gathering, many will say 'When have I not clothed you? When have you been in prison, and I not came to you? When were you sick, and I didn't visit you?' Your sobering answer, Lord, was in that you did it not to the least of these my brethren; you did it not to me. Help us to be, truly, what you have called Christians to be, a purveyor of 'Good News,' and to go about doing well, even as Your Son did. We know that, according to Your Word, we don't really love you, unless we do what you say to do. Help us to fulfill your call to duty and good works, Father. In Jesus Name I pray, Amen.

JULY INTERCESSORY PRAYERS OF SITE TEAM MEMBERS

The following are the site team members' July intercessory prayers for people living with HIV/AIDS. Each member spoke from their heart to God on behalf of those who are suffering.

JULY INTERCESSORY PRAYER OF RICKY BOYD

I come before thee Lord and asked that you heal me as I share

God's love with those who need healing. God of heavens and Earth hear our prayers I come before thee Lord and asked that you heal every father and son of this disease which seems to prevalent among the men in our community. God of Abraham, Isaac and Jacob hear our prayers. I come before thee Lord asking you to every mother, daughter and the women in our community which are most affected by this disease. God of Sarah, Leah and Rachel hear our prayers. I come before thee Lord wanting to be a vessel of hope to challenge and educate religious institutions that are blinded to the realities of this disease and have turned their backs of those that suffer from HIV/AIDS. God of love hear our prayers. I come before thee lord seeking wisdom to comfort those who are infected with this illness and who are suffering with emotional, physical and psychological agony and pain. God of comfort hear our prayers. God hear my prayer and help me to become a vessel of comfort, love and hope. God hear my prayer. Amen.

JULY INTERCESSORY PRAYER OF FELICIA WRIGHT

Lord, we thank you for another day that you have allowed us to see. We ask, Lord, that you send healing to those who are suffering from HIV/AIDS. You were wounded for our transgressions, bruised for our iniquity, the chastisement of our peace was upon you and by your stripes, and we are healed. Please heal them not only physically, but also spiritually for you are just to forgive, if we confess our sins. Lord, rebuke the enemy, when he sends those around who encourage them to live a lifestyle that is not pleasing to you. Please heal them emotionally when they are hurt and angry. Please minimize the fear and confusion that they are suffering. Lord, please heal their families and loved ones in this very difficult time. Help them to take this opportunity to spread the "awareness" gospel to others. Lord, if you do this for us, we will be careful to give your name all the glory, honor and praise. Amen.

JULY INTERCESSORY PRAYER OF CASANDRA ROBERTS

Dear Gracious Father, thank you for hearing the prayers of your people. We ask you to bring healing into relationships of those individuals who suffer from HIV/AIDS. May you restore relationships of husbands and wives, daughters and sons and may there be true forgiveness. We acknowledge that you are the master physician and we ask that you infuse these individuals with your healing power. Father reach down to their blood stream and every tissue in their bodies and eradicate this virus from them. We also ask that you reverse the damage that has been done to their bodies. We give you the praise for this. In Jesus' name, Amen.

JULY INTERCESSORY PRAYER OF JANET MCKNIGHT

Dear Heavenly Father, we come before you this day in need of your healing presence. We know that healing and deliverance is available to all those who love you and call upon your name. We pray on behalf of those who have been afflicted with HIV/AIDS in our country and those in foreign countries diagnosed with the virus. Bless the Lord oh my soul and forget not all his benefits. He forgives all thine iniquities, who heals all thy diseases. Who redeems your life from destruction, who crowneth thee with loving kindness and tender mercies. For those families of someone diagnosed with HIV/AIDS heal their hearts that have been wounded by the scornful, prejudice comments of others. Help them to aid their ill family members and be a source of strength for them during their time of need. Prepare them for the possible loss of a loved one and let them know that they will be with the body of Christ and will be reunited with their loved ones in heavenly places. Bless the Lord oh my soul and forget not all his benefits. He forgives all thine iniquities, who heals all thy diseases. Who redeems your life from destruction, who crowneth thee with loving kindness and tender mercies. For those in foreign countries who are neglected by the government and unable to pay for adequate health care,

provide comfort during their illness. Let them know God has not forgotten them. Allow outreach ministries from the US or their country to aid them financially and emotionally. Be with all the children devastated by HIV/AID who are left to care for ailing parents, knowing they can do nothing more but PRAY...but they know that PRAY changes things. Strengthen all children who have already lost parents to the disease and are left to take care of themselves, yet so young still needing the love and nurturing support of parents and adults. If they are also infected with the virus, help the medical community find a cure so their lives will be full. Hope them to find a source of strength in you knowing Lord you have plans for their future. "For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future." (Jeremiah 29:11) Bless the Lord oh my soul and forget not all his benefits. He forgives all thine iniquities, who heals all thy diseases. Who redeems your life from destruction, who crowneth thee with loving kindness and tender mercies. Finally Lord, heal us in the body of Christ. Help us to see beyond the prejudices and stereotypes we may have of those who have HIV/AIDS so that we may heal those ailing in our communities. Lord, you have called us all to be healers...for you said anyone who is a disciple of Christ will do as Jesus does and yet more miracles in his name. Help us to take up our cross daily for those with HIV/AIDS and know that your yoke is easy and your burdens are light. In the incomparable name of Jesus Christ we pray. And let us be in agreement. Amen.

APPENDIX D

COMMUNICATING WITH CHURCHES: INVITATIONS TO JOIN THE FIGHT AGAINST HIV/AIDS

A CLERGY'S MESSAGE TO THE AFRICAN AMERICAN CLERGY AND CHURCH: WIIY? HIV/AIDS? WHY ACTION? WHY RIGHT NOW?

As a member of the African American Clergy here in New York and New Jersey, I have decided to take time to send a message of faith, hope and love to my fellow clergy-person and persuade them to develop a HIV/AIDS ministry in their congregation. I would like to share several reasons why the African American church should be concern with HIV/AIDS, and seek to develop a HIV/AIDS ministry in their local church.

First, African Americans are disproportionately affected by HIV/AIDS more than any other group in American life. We have the highest rates of death and are about half of all new cases yearly¹. Consequently, the more people contract the disease the more people who are spreading, dying and suffering from this disease.

Secondly, HIV/AIDS weakens our community and adds to people's pain and misery. There is no known cure for HIV/AIDS presently so the need to educate people should be a major concern for organizations, churches and individuals all over the world.

Thirdly, someone who contracts the disease often is unaware that they have HIV/AIDS. This lack of unawareness contributes to the spread of the disease moving silently like a worm moving in grass. Some people are a walking, talking and living with this disease and they are totally unaware they may be spreading this virus through sexual relations with others.

¹ *Center for Disease Control and Prevention*, "HIV/AIDS and African-Americans." Available from <http://www.cdc.gov/hiv/topics/aa/index.htm> (accessed 14 May 2007).

Fourthly, HIV/AIDS organizations may reach a lot of people. Yet, if African American clergy preach, teach and develop HIV/AIDS network and support groups this would be effective means to reduce the spread of HIV/AIDS.

Fifthly, the African American Clergy has access to millions of African-Americans, Latinos, Asians and even poor to middle class Whites worshipping in their congregations. This gives Clergy a consistent audience through various services and Bible studies to spread the word that HIV/AIDS can kill and causes tremendous suffering. The opportunity to educate their audience on the spread of the disease would awaken people who may be unaware of the social misery, pain and suffering HIV/AIDS causes to those infected and families, friends and loves affected by this disease.

Six, the African American clergy who preach, teach and becomes an advocate on HIV/AIDS prevention adds a new voice in the struggle to influence responsible behavior. The clergy can advocate for the local community and congregation strategies for HIV/AIDS prevention. The clergy can influence lifestyle changes or lifestyle adjustments according to the need of the local congregation to influence behaviors of people in relations to their sex, lifestyles and awareness of HIV/AIDS. Clergy can influence the sexual behavior of the growing number of teenagers contracting HIV/AIDS to prevent the spread of HIV/AIDS. The decision to act, as well as how to act, is an individual choice of each church leader. The critical thing is to begin acting.

Seven, the clergy oftentimes teach new converts to spread the word of love, comfort and hope. This same social belief making new converts aware of HIV/AIDS and have them share with their families, friends and loved the importance of living responsible.

Finally, the African American church can be a social place where the ill is comforted and love is shown towards those living and coping with the disease. So often the church and community alienates the victims of this disease but preach love and brotherhood. Therefore, I am encouraging clergy and church leaders to become actively involved in developing HIV/AIDS ministries to prevent the spread of the disease and to comfort those living with the disease. The development of HIV/AIDS ministries is one of the greatest challenges the African American clergy, leaders and congregations. I believe this booklet provides basic ideas to begin a ministry of awareness, prevention and healing for those living with the disease.

CHURCH CORRESPONDENCE

Greetings Kicky,

As you may be aware in the Reformed Church in America decisions to start programs of this type must come through consistory, but I responded in the affirmative to accommodate your deadline and in anticipation that after my next meeting which is scheduled in January of 2005 we will be able to act upon one or more of your proposals.

Thank you for your time and consideration and I look forward to the possibility of working with you in the near future

Peace & Blessings
Rev. Dwayne L. Jackson
Coordinator of Social Witness
(212) 870-3234
Pastor of the First Reformed Church of Astoria

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[Date: Wed, 12 Jan 2005 09:26:05 -0500](#)
[From: "paul jackson" <pelainej@msn.com>](#) | [View Contact Details](#)
[To: rvboyd1@yahoo.com](#)
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[Dear Elder Boyd, My name is Sharon Jackson and I just had an interview with Ms. Sandra Avery your booklet was given to me by one of our members and I was truly impressed, you did a very good job. I'm contacting you because our church has a HIV/AIDS Ministry which has not gotten off the ground as of yet, but I believe in the cause and what I PRAY for, we have passed out flyers as well as putting our information on the radio stations but nothing has happened, but I will continue to press toward the mark of the high calling of Christ Jesus. So I'm asking if you can help us set up our ministry? are give us any other suggestions, it would be greatly appreciated. I gave Ms Avery my e-mail address and we would be honored if you could help us. Thank You So Very much. Sharon Jackson here is my contact #'s
 P.S.\(804\)2228626 \(804\)6771259 ©](#)
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Bulk (117) [Empty]
Trash [Empty]

From: YHWRapha@aol.com [View Contact Details](#)
Date: Fri, 14 Jan 2005 16:10:32 EST
Subject: your website
To: rvboyd1@yahoo.com

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What's your Credit Score? See it FREE!
 Healthy credit?
 Fast refunds with TurboTax
 \$150k loan for \$550/mo. Got

Praise the Lord Elder Boyd,
I visited your website and found it very interesting. Hopefully I will have one up within the next two months. Who designed it for you? Also, are you still interested in me speaking to your youth group? If so give me a date with 2 alternatives. I pray that all is well and trust that you are going forth under the power and strength of the Almighty God.

Grace, Mercy & Peace
Roxanne

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Sharon;
 Praise the Lord!!!

Sharon I will call you in the next 48 hours and give you the names and numbers of the best three HIV/AIDS ministry in the New York/New Jersey area that I know of to date.

I will also give you alot of strategic advice. I look forward in assisting you and believe that your ministry will flourish. I am putting together a packet of names and numbers for friendly and people who will gladly help you. Also, some very good websites. Presently, our website is the only Black church oriented website on the Internet that is specifically geared toward African American churches.

I will call you on Wednesday, January 19th, 2005, to get your address. In the meantime feel free to call me at this number Ricky Boyd (973-416-0550).

Be blessed,
 Elder Ricky Boyd

--- paul jackson <pelainej@msn.com> wrote:

> Dear Elder Boyd, My name is Sharon Jackson and I
 > just had an interview with Ms. Sandra Avery. your
 > booklet was given to me my one of our members and I
 > was truly impressed, you did a very good job. I'm
 > contacting you because our church has a HIV/AIDS

APPENDIX E

HIV/AIDS MINISTRY BOOKLET FOR THE AFRICAN- AMERICAN CHURCH AND FOR CHURCHES THAT SERVE THE AFRICAN AMERICAN COMMUNITY

**HIV/AIDS AWARENESS BOOKLET FOR CHURCH MINISTRY
CONCERNED ABOUT PREVENTING THE SPREAD OF HIV/AIDS:
RAISING AWARENESS AND TAKING ACTION AS THE LIVING
BODY OF CHRIST**

THE BODY OF JESUS CHRIST A BODY OF LOVE, FAITH AND ACTION

I believe strongly that the body of Christ must be faithful to the mission of Jesus Christ. This requires that we, the church, be involved in this world to comfort those who are suffering. This belief is what inspired me to write a booklet for the church that needed ideas to develop a strong and active HIV/AIDS ministry. This booklet is full of ideas to start, sustain and increase awareness about HIV/AIDS. This booklet is for all churches and all people in every community around the world who desires to be involved in assisting in the struggle to prevent HIV/AIDS. This booklet is for the church that is not afraid to act victoriously to save someone's life and meet the call to halt suffering and pain. This booklet is for the church who still believes that Jesus Christ has come that we may have life and live life more abundantly.

This booklet is for the Clergy who is not concern about what people will say about his advocacy of those who is suffering from HIV/AIDS but more concerned about what God will say, if they do not act in faith. This HIV/AIDS prevention booklet is for God's people all over the United States and world who are willing to say, "Lord send me" in response to halting the spread of this disease. This booklet is for you who believe that one person can make a difference through faith and action. These booklet present ideas to bring awareness to congregations and the community interested in starting an

HIV/AIDS ministry. This booklet is a starting point to change and leaves room to adjust ideas according to local church or cultural customs, beliefs and principles.

A CLERGY'S MESSAGE TO THE AFRICAN AMERICAN CLERGY AND CHURCH: WHY HIV/AIDS? WHY ACTION? WHY RIGHT NOW?

As a member of the African American Clergy here in New York and New Jersey, I have decided to take time to send a message of faith, hope and love to my fellow clergy-person and persuade them to develop a HIV/AIDS ministry in their congregation. I would like to share several reasons why the African American church should be concern with HIV/AIDS, and seek to develop a HIV/AIDS ministry in their local church.

First, African Americans are disproportionately affected by HIV/AIDS more than any other group in American life. We have the highest rates of death and are about half of all new cases yearly¹. Consequently, the more people contract the disease the more people who are spreading, dying and suffering from this disease.

Secondly, HIV/AIDS weakens our community and adds to people's pain and misery. There is no known cure for HIV/AIDS presently so the need to educate people should be a major concern for organizations, churches and individuals all over the world.

Thirdly, someone who contracts the disease often is unaware that they have HIV/AIDS. This lack of unawareness contributes to the spread of the disease moving silently like a worm moving in grass. Some people are walking, talking and living with this disease and they are totally unaware they may be spreading this virus through sexual relations with others.

¹ Center for Disease Control and Prevention. "HIV/AIDS and African-Americans", available from <http://www.cdc.gov/hiv/topics/aa/index.htm> (accessed 14 May 2007).

Fourthly, HIV/AIDS organizations may reach a lot of people. Yet, if African American clergy preach, teach and develop HIV/AIDS network and support groups this would be effective means to reduce the spread of HIV/AIDS.

Fifthly, the African American Clergy has access to millions of African-Americans, Latinos, Asians and even poor to middle class Whites worshipping in their congregations. This gives Clergy a consistent audience through various services and Bible studies to spread the word that HIV/AIDS can kill and causes tremendous suffering. The opportunity to educate their audience on the spread of the disease would awaken people who may be unaware of the social misery, pain and suffering HIV/AIDS causes to those infected and families, friends and loves affected by this disease.

Six, the African American clergy who preach, teach and becomes an advocate on HIV/AIDS prevention adds a new voice in the struggle to influence responsible behavior. The clergy can advocate for the local community and congregation strategies for HIV/AIDS prevention. The clergy can influence lifestyle changes or lifestyle adjustments according to the need of the local congregation to influences behaviors of people in relations to their sex, lifestyles and awareness of HIV/AIDS. Clergy can influence the sexual behavior of the growing number of teenagers contracting HIV/AIDS to prevent the spread of HIV/AIDS. The decision to act, as well as how to act, is an individual choice of each church leader. The critical thing is to begin acting.

Seven, the clergy oftentimes teach new converts to spread the word of love, comfort and hope. This same social belief making new converts aware of HIV/AIDS and have the, share with their families, friends and loved the importance of living responsible.

Finally, the African American church can be a social place where the ill is comforted and love is shown towards those living and coping with the disease. So often the church and community alienates the victims of this disease but preach love and brotherhood. Therefore, I am encouraging clergy and church leaders to become actively involved in developing HIV/AIDS ministries to prevent the spread of the disease and to comfort those living with the disease. The development of HIV/AIDS ministries is one of the greatest challenges the African American clergy, leaders and congregations. I believe this booklet provides basic ideas to begin a ministry of awareness, prevention and healing for those living with the disease.

AFRICAN AMERICAN CHURCH BROCHURE CAMPAIGN: HIV/AIDS AWRENESS IS FOR EVERYONE

The church can raise awareness by placing the information below in a brochure and placing it in the lobby of its church or somewhere we people could or would take it with them. Another idea is placing the HIV/AIDS brochure in the middle of the bulletin or Sunday morning program allowing everyone to read, share and bring this information home with them to allow for their reading or for family reading. The following information is from the Center for Disease Control and the website listed below.

AFRICAN AMERICANS AND HIV/AIDS²

- ✓ African-Americans make up 13% of the U.S. population but 49% of the people with HIV/AIDS.
- ✓ HIV/AIDS is the leading cause of deaths for African-Americans and others Blacks in the U.S.

² IBID.

- ✓ The causes of HIV/AIDS transmissions (listed in order) were due to Black men who had unprotected sex with other Black men, share needles with an infected person and having unprotected sex with an infected women.
- ✓ The causes of transmission for Black women were having sex with an infected man who has HIV/AIDS and sharing needles or syringes with someone who is infected with HIV/AIDS.
- ✓ The reasons for the high risk rate of contracting HIV/AIDS is due to not knowing their partners high risk status, poverty, and a partner with a history of Sexual Transmitted Diseases.
- ✓ These factors including lack of medical care are reasons why African-Americans do not live as long as other racial and ethnic groups in the United States.

LATIN AMERICANS AND HIV/AIDS³

- ✓ Hispanics make up 20% of all new HIV/AIDS cases in 2004.
- ✓ Hispanics male transmissions rates (in order) resulted from male to male contact (59%), injection drug use (19%) and heterosexual contact (17%).
- ✓ Hispanics female transmissions (in order) resulted from heterosexual transmission (73%) and injection drug use (23%).
- ✓ Hispanics risk factors includes poverty, medical care, machismo culture and not knowing their partners history of sexual transmitted disease.

WHAT IS HIV?⁴

It is a virus that infects T-cells, also called CD4+cells, or T-helper cells. These cells are white blood cells that turn the immune system on to fight disease. Once the HIV virus is inside the cell, the HIV virus starts producing millions of little viruses, which eventually kill the cell and then go out to infect other cells. AIDS (acquired immune deficiency syndrome) is a condition caused by a virus called HIV. This virus attacks the immune system. The immune system is the body's "security force" that fights off infections. When the immune system breaks down, you lose this protection and can

³ Center for Disease Control. "HIV/AIDS Among Hispanics." available from <http://www.cdc.gov/hiv/pubs/facts/hispanics.htm>. (accessed 14 May 2007).

develop many serious, often deadly infections and cancers. These are called *Opportunistic infections (OIs)* because they take advantage of the body's weakened defenses. You have heard it said that someone "died of AIDS". This is not entirely accurate, since it is the opportunistic infections that cause death. AIDS is the condition that lets the OIs take hold.

*HOW IS IT SPREAD?*⁵

AIDS is spread by:

- ✓ Sexual intercourse
- ✓ Sharing needles
- ✓ Breast feeding (*medical treatment during pregnancy nearly eliminates this*)

*WHAT ARE THE SYMPTOMS?*⁶

The symptoms could be one or more of the following:

- ✓ Rapid weight loss
- ✓ Dry cough
- ✓ Recurring fever or profuse night sweats
- ✓ Profound and unexplained fatigue
- ✓ Swollen lymph glands in the armpits, groin or neck
- ✓ Diarrhea that last for more than a week
- ✓ Memory loss, depression and other neurological disorders
- ✓ White spots or unusual blemishes on the tongue, in the mouth or throat
- ✓ Pneumonia
- ✓ Red, Pink, Brown or purplish blotches on or under the skin or inside the mouth, nose or eyelids.

⁴ Center for Disease control, "Basic information," available from <http://www.cdc.gov/hiv/topics/basic/index.htm#hiv> (accessed 14 May 2007).

⁵ Center for Disease Control, available from <http://www.cdc.gov/hiv/topics/basic/index.htm#transmission> (accessed 14 May 2007).

⁶ Center for Disease Control, available from <http://www.cdc.gov/hiv/resources/qa/qa5.htm> (accessed 14 May 2007).

These symptoms may or may not show that you have HIV/AIDS although if they do occur see a physician.

*WHY SHOULD I GET TESTED?*⁷

What are the risks of transmitting HIV?

- To prevent the transmission of HIV to your baby. New medication helps to reduce the risk of infection from a 25% chance of passing HIV to the new born to as low as 2% chance of transmitting the disease.
- Since AIDS is the leading cause of deaths among African-Americans 25-44. The earlier a person knows if their infected the faster medical treatment can begin to prolong their life.
- Failure to know if you are HIV positive you put others at risk if you have unprotected sex. However, by knowing if you are HIV positive or have AIDS you may be able to live longer through medical treatment and drug therapy.

Taking a HIV ANTIBODY TEST is recommended if you have experience any of the following:⁸

- Had sex with a partner whose history you have no knowledge.
- Had experience sex without any protection.
- Had experience of exchanging needles, syringes or cotton with another person.
- Had sex with a prostitute.
- You have sex with a person with HIV or at risk for HIV
- Had a partner who have had sex with another man or have multiple partners.
- You are a women considering pregnancy
- Had an operation that required a blood transfusion between 1978 – 1985

⁷ Center for Disease Control, available from http://www.cdc.gov/hiv/topics/testing/resources/qa/be_tested.htm (accessed 14 May 2007).

⁸ Center for Disease Control, available from <http://www.hivtest.org/subindex.cfm?fuseaction=faq#6> (accessed 14 May 2007).

- You have a history of sexually-transmitted disease (STD) or had been involved with a partner who had or has a long history of contracting STD's.

*WHERE CAN I GET TESTED?*⁹

The website, <http://www.hivtest.org>, provides city and state directory of all testing sites in the United States. The CDC (Center for Disease Control) provided this website for the public.

AFRICAN AMERICANS AND HIV/TEST FACT SHEET¹⁰

HIV/AIDS in 2005

- African-Americans accounted for almost 19,000 of the 38,000 new HIV/AIDS cases in the United States in 2005.
- The transmission of HIV/AIDS is still men sexual relations with other men followed by injection drug use and heterosexual transmission.
- 12,000 of the 19,000 new cases of HIV were African-Americans under 25 years of age comprising of 61%.

African Americans have been disproportionately affected by HIV/AIDS since the epidemic's beginning and the disparity has deepened over time.¹¹

- African Americans comprised (38%) of 816,149 AIDS since the beginning of the epidemic. In 2001 African-Americans accounted for more AIDS cases than any other racial/ethnic group, which is why AIDS ministry in churches should be instituted.
- 54% of the 40,000 new HIV infections yearly are African-Americans in the U.S.

⁹ Center for Disease Control, available from <http://www.hivtest.org>. (accessed 14 April 2005).

¹⁰ Center for Disease Control, available from <http://www.cdc.gov/hiv/topics/aa/resources/factsheets/aa.htm> (accessed 14 May 2007).

¹¹ The Kaiser Family Foundation., available from http://www.hivtest.org/subindex.cfm?FuseAction=spotlight.factsheet_aaa (accessed 14 April 2005).

- There are approximately 151,530 African Americans living with AIDS and it is the leading cause of death for African Americans ages 25–44 in 2000. The fifth leading killer of whites and fourth for Hispanics. Given these numbers AIDS ministry must be a critical part of African-American churches social agenda.

RAISING AWARENESS OF HIV/AIDS IN THE CHURCH AND COMMUNITY: ACTIVITIES AND IDEAS TO INCREASE AWARENESS AND PARTICIPATION

ORGANIZE A CHURCH BRUNCH, LUNCH OR DINNER

A dinner is a wonderful way to bring people together socially to learn more about HIV/AIDS education and prevention. A dinner is a relaxing time and people are usually in the most socially comfortable state to learn and share ideas.

Advertisement Plan:

- Send out letters to church members informing them of the dinner to bring attention to HIV/AIDS in the local church and/or community.
- Place the date in the local church bulletin board informing them of the dinner to bring attention to HIV/AIDS in the local church and/or community.
- Place in the church newsletter (or denomination) informing them of the dinner to bring attention to HIV/AIDS in the local church and/or community.
- Place in the local newspaper or community newsletter informing them of the dinner to bring attention to HIV/AIDS in the local church and/or community.

Activity Plan:

- Discuss what the scripture (Jesus) says about living life in reference to health, wholeness and holiness as a lifestyle.

- Opening Prayer with a focus on healing and life.
- John 10:10 “The thief come not, but for to steal, and to kill, and to destroy; I am come to that they might have life, and that they might have it more abundantly.
- Pass out literature explaining what HIV/AIDS is and how it is impacted the African American community.
- Discuss why the local church or denominational body is getting involved as the body of Jesus Christ.
- Discuss what the impacted can be in educating and explaining to the church and community when they participated in educating youth, teenagers and young adults.
- Show a video about what HIV/AIDS is as an educating tool or do a presentation.
 1. Break up into small groups while adults monitor the discussion.
 2. Have group discuss what they have learned from the video.
 3. Have groups explain what they have learned to larger group.
 4. Have group ask questions to the facilitator.
- Have a question and answer session to help clarify issues, concerns and thoughts.

ORGANIZE A MEMORIAL SERVICE IN REMEMBRANCE OF THOSE WHO HAVE PASSED AWAY WITH HIV/AIDS

A memorial service is a time where people who have lost love ones to HIV/AIDS can come together in remembrance of family, relative and/or friends who have lost their lives to this disease. A memorial service brings attention to the devastation of the disease to people from all walks of life as well as providing education and learning through the realization of the HIV/AIDS impact to the church and community. The atmosphere of

learning will be the service itself and the speakers, music, photos, and/or a short video presentation and sermon.

Advertisement Plan:

- Send out letters to church members informing them of the memorial service to bring attention to HIV/AIDS in the local church and/or community.
- Place the date in the local church bulletin board informing them of the memorial service to bring attention to HIV/AIDS in the local church and/or community.
- Place in the church newsletter (or denomination) informing them of the memorial service to bring attention to HIV/AIDS in the local church and/or community.
- Place in the local newspaper or community newsletter informing them of the memorial service to bring attention to HIV/AIDS in the local church and/or community.

Activity: Memorial Service

The atmosphere can be one where people bring photo (pictures) of their relatives, loved ones, siblings, parents or friends to the event. Place photos around or in front of the church with dates with a brief story or memory of their loved ones that they cherish. Try to ensure size of photos are small enough to accommodate everyone's picture if you think it will be a large turn-out and if small turn-out size of people's photos may not matter. However, the important thing is to get people to share photos of loved ones but if someone does not have a photo their name is a place in the church is what will matter most.

Atmosphere:

- Can be candle light warm social setting with pictures and brief stories or memories of people.
- Can be a lighted social setting with pictures and brief stories of loved ones or memories of people.
- Can be churchyard decorated with picture stands of love and brief stories or memories of people.
- Can be a traditional church service with pictures of loved one and a brief story or memories of people.

A Potential Order of Service:

1. Handout bulletin with the people being memorialized pictures and names (or names only) in them along with a brief story of memory that the family shares with the church and/or community.
2. Speaker: Discusses why are we gathering here today?
3. Opening prayer by Clergy
4. Scripture: Philippians 4: 12
5. Choir or soloist
6. The reading of the names and family, relatives, friends and loved ones who are here in their memory. Also, attempt to share a brief memory and/or story from their lives.
7. Choir or Soloist
8. The Clergy's sermon
9. Closing Prayer: A prayer of strength and solidarity of those gathered in the memory service.

Post Service Handouts:

- Have someone give to those leaving the memorial service a card of comfort with a scripture or thought due to potential emotional nature of the service.
- Have someone hand out brochures on where to get tested and why.
- Advertise the Walk-A-Thon if the church or committee plans it.

ORGANIZE A WALK-A-THON OR BIKE-A-THON

The walk or bike-a-thon can be a separate event/fundraiser or perhaps the part two of the Service beginning the next day or as a follow up to the service to get participants involved in fund-raising activity.

Advertising Plan:

- Advertise a walk-a-thon or bike-a-thon in the church bulletin, local newspaper.

Activity Plan:

1. Contact radio/television or community or church newsletter.
2. Solicit participants from local churches to get involved with the walk-a-thon or bike-a-thon so they can be apart of the initial planning.
3. Solicit business and schools to get involved in the bike/walk-a-thon and have school and business representative as part of the planning committee.
4. Develop a Sponsor Pledge Form that will have the following information as part of the form:

Name: _____

Address: _____

Phone number: _____

E-mail address: _____

Church, Group or business: _____

I am a (n):

Adult Teen Child Pastor Business person Student

Other

My goal is:

50 100 150 200 250 Other

5. Planning group or committee should pick a walking place and clear it with local officials of parks and recreation, city public officials, etc, etc...
6. Planning group or committee should select a distance to be walked or biked.
7. Planning group or committee can select the HIV/AIDS organization and group they wish to donate the money to collectively.
8. Planning group or committee should recognize sponsors who donate drinks, deserts, or other material items on the registration form.
9. Planning group or committee decided how the money should be collected (cash, checks, both) and who and where the money should go.
10. Planning group or committee may want to give participants a ribbon for their participation and/or upon completion of the walk-a-thon or bike-a-thon.
11. Planning group or committee shall ensure they list the location of the event on the back of a brochure with directions from a bike, car, subway or bus and the address of the place of the event.
12. Planning group or committee should decide whether give participants a t-shirt with the event named on it, or the local church, business or school that participated.
13. Church that sponsors event can recognize the participants, sponsors or both with a plaque, a certificate of appreciation or mentioning them in a local newspaper article/advertisement.

HOST YOUTH AIDS AWARENESS RALLY THROUGH YOUTH CRUSADE

Your church can host a rally focusing on HIV/AIDS awareness and prevention for the youth.

Advertisement Plan:

- Send out letters to church members informing them of the youth crusade to bring attention to Holiness and the fight against HIV/AIDS in the local church and/or community.
- Place the date in the local church bulletin board informing them of the Holiness crusade and service to bring attention to Holiness and the fight against HIV/AIDS in the local church and/or community.
- Place in the church newsletter (or denomination) informing them of the Holiness crusade and youth service to bring attention to Holiness and the fight against HIV/AIDS in the local church and/or community.
- Place in the local newspaper or community newsletter informing them of the youth crusade service to bring attention to Holiness and the fight against HIV/AIDS in the local church and/or community.

A Potential Order of the Service:

1. Opening prayer for youth
2. Scripture: Proverbs 22: 6, “Train up a child in the way they should go: and when they are old, they will not depart from it”.
3. Choir or Soloist
4. Speaker: Why are we here: A broad educational perspective and the campaign for life
5. Choir music or Soloist
6. Speakers for the following
 - A. Why are we here: Youth for Holiness
 - B. Why are we here: Youth against HIV/AIDS
 - C. Why Holiness is right?
 - D. Why Holiness is one specific challenge to HIV/AIDS prevention?
7. Clergy: Sermon
8. Closing Prayer: collective prayer of solidarity and prevention

Post Service Civics Lessons for Life:

Have participants of service write their Congressional and local City Councilman letters asking them to participate in the fight again HIV/AIDS.

- Have youth sign pre-printed letters
- Have youth sign pre-printed petitions
- Write NAACP or Urban League discussing a need for more governmental funding to
- Fight HIV/AIDS funding in the African American community.
- Give youth brochure on why holiness is the best Christian fight against HIV/AIDS

CONDUCT A CLOTHING, TOY AND QUILT DRIVE FOR CHILDREN WITH AFFECTED WITH HIV/AIDS

Advertisement Plan:

- Send newsletter to local churches and ask individuals, churches, and local business to donate old toys that are functional and working or new toys to give to the church for children affected by HIV/AIDS.
- Place in local church bulletin a note seeking toys to donate to the local church for children affected by HIV/AIDS.
- Place a small advertisement in the local newspaper seeking toys, clothing and/or toys to be donated to a local charity that will disburse it to children affected by HIV/AIDS.
- Place in denominational newsletter an advertisement seeking the collective body to donate toys, clothing or quits to be donated to a local organization that houses or directly interfaces with children affected by HIV/AIDS.

Activity Plan for Toy and Clothing Drive:

- Find a local charity, hospital or organization that interfaces directly with children affected by HIV/AIDS and inform them of the intentions to present these gifts to the children.
- Ask local organization if there are any specific items that the children may need or desire materially other than toys, clothing, or quits.
- Find a local charity, hospital, or organization that interfaces directly with children affected by HIV/AIDS and inform them of the intentions to present these gifts to the children.

- Ask TV/Radio networks to advertise the churches event and where to bring donations.

Toy and Clothing Collection

- Obtain toys, clothing, or material items from churches, private individuals or businesses.
- Have local church children give gifts. This is an excellent means to teach children sharing, love, and the importance of giving to those who are less fortunate than they are.
- Have children use allowance or pool their Sunday school money together to buy another child a gift such as a toy, clothing, shoes, etc, etc....
- Have church members bring toys, clothing, shoes or games to church on as assigned Sunday for children affected by HIV/AIDS.

Praying for Gifts (Toys, Clothing) and Donations

- Mention the gifts that were received from private individuals, local churches, and collective church bodies on Sunday morning service.
- Have clergy, missionary, deacon, or evangelist pray for the gifts before the handover of these gifts.
- Have Clergy, Missionary, Deacon, or Evangelist pray for the children or institutions that shall receive these gifts.
- Have the church visually observe their gifts that they received by placing gifts at the altar, church lobby, church cafeteria, or basement to show the spirit of ministry of the church and community.
- Raise consciousness of the churches support of the ministry of comfort and giving to those children and families affected by HIV/AIDS.
- Have a member of the Clergy or someone in Ministry explain the importance of the churches activities as a means of stressing and acknowledging and thanking the church for its support of this special ministry.
- Pastor or member of Clergy may want to preach a sermon on the relationship between giving, sharing and healing and the churches' support of this ministry.

HOST A GOSPEL CONCERT:

Advertisement Plan:

- Send newsletter to local churches and ask individuals, churches and local community advertising the Gospel concert to raise money to donate to an AIDS organization or a group/agency working with those affected by HIV/AIDS.
- Place in local church bulletin a note advertising the Gospel concert as a fundraiser and donated funds to an organization, agency or group working with those affected by HIV/AIDS.
- Place a small advertisement in the local newspaper advertising the Gospel concert to raise funds and donated the proceeds to a local charity that work with those affected by HIV/AIDS.
- Place in denominational newsletter an advertisement of the Gospel concerts to raise funds for organization, agency, or group that work directly with those directly affected by HIV/AIDS.
- Use community billboards, stores, community agencies, supermarkets, barbershops, schools, to advertise this event and its importance.
 - Invite church choirs to participate in this ministry event.
 - Invite local colleges or private community choir groups to participate in the fundraiser.

Activity Plan:

- Explanations on why we are here and the importance of this event as a fundraiser.
- Pass out brochure with choir and/or church statements why they are supporting this fundraiser.
- Prayer for those living with HIV/AIDS and prayer for cure.
- A brief educational statement regarding the impact of HIV/AIDS and everyone's responsibility – then concert!
- Closing Prayer of Transformation and Enlightenment
- Post – service handouts on testing location and information materials.

PLAN A CAMPUS AIDS CRUSADE WITH AFRICAN-AMERICA CHRISTIAN STUDENTS AND AFRICAN-AMERICAN STUDENT UNIONS

- African-American Christian students who participate in the local college African-American Student Union can help organized a campus crusade against HIV/AIDS.
- African-American Christian students in conjunction with African-American Student Union can invite other groups affected by HIV/AIDS in their communities, specifically, African Students, Latin-American Student Unions and women's groups.
- African-American Christians can invite local Clergy, churches and community leaders to participate in a campus rally or service.
- African-American Christians have the opportunity to show to secular society how their faith and values is relevant in helping to address social problems, issues and policies.
- African-American Christian students should seek out the campus Chaplin or Clergy to help them plan a campus crusade against HIV/AIDS. With one or more of the following activities:
 1. Invite Civic and religious leaders to speak at a campus rally.
 2. Invite professors and HIV/AIDS organizations, agencies and advocacy groups to speak at a campus rally.
 3. Set up (and pass out) literature such as an HIV/AIDS fact sheet and/or testing locations.
 4. Hold a quiet midnight or evening candlelight vigil for those who have lost love ones to HIV/AIDS.
 5. Have or develop a letter writing campaign on campus seeking asking congressional leaders to seek more domestic and international spending on HIV/AIDS.
 6. Ask for classes, if there is none that discusses HIV/AIDS social, political and medical implications in the 21st Century.
 7. Develop a speaker series that focuses on HIV/AIDS related issues and invite AIDS activist and advocate groups.
 8. Show a documentary on the history of HIV/AIDS or a documentary discussing the issues surrounding AIDS and public policy.

DISTRIBUTE PUBLIC INFORMATION AND HOST EDUCATIONAL EVENTS

- Circulate Flyers (HIV/AIDS Information) at:
 1. Public Events
 2. Block Parties
 3. Public Parks
 4. Conventions
 5. Street Fairs
 6. Parades
- Organized a small group (or any size) that is willing to circulate flyers at local festivals, fairs, sororities, fraternities, cultural events, and conventions with information about preventing the spread of HIV/AIDS.
 1. Flyers should (or can) have a website(s) for readers to obtain more information.
 2. Flyers should (or can) have a phone number for testing sites or address of testing sites.
 3. Flyers should (or can) have places where support groups are gathered.
 4. Flyers should (or can) have address of supportive church or ministry outreach numbers.
 5. Flyers should (or can) briefly discuss critical information regarding HIV/AIDS.
 6. Flyers should be one page (information on back and front) so readers can quickly read and understand the contents of the flyer.
 7. Flyers should have address and numbers of places to get tested for HIV/AIDS.

CREATE A MIDNIGHT RUN, SUPPORTING THE HOMELESS PROJECT

Midnight run is locating where the homeless or unsheltered population are located in your city, town and bring them food, clothing, or toiletries (toilet paper, soap, wash clothes, lotions, feminine napkins, etc, etc,) so they can attempt to be clean.

- Homeless population usually gathers in parks, under bridges, and sleeps near churches or oftentimes located in shelter.
- Donate items to local shelter to help them deter the cost of feeding, clothing homeless population
- Seek out homeless population by asking a homeless person where they congregate and seek a time and place to bring them food. If successful build in a regular routine of day, time and place
- After meeting the physical needs and gaining trust and confidence of the homeless population begin to offer them HIV/AIDS brochures, testing sites and information on the importance of testing.
- Offer testing to the local homeless population by giving them a brochure or flyers of times, dates and places.
 1. Testing day can be at midnight if you can offer it
 2. Testing day can be on a Sunday so they can blend in with local church population
 3. Testing day should be advertise and open to the public if decided upon by your group, committee or church broad or pastor.

HOST A POETRY READING AND HIV/AIDS AWARENESS NIGHT

- Develop a poetry reading night (or one night a month)
 1. Proceeds from this reading can be donated to an AIDS charity
 2. Proceeds from this reading can help defer cost of an HIV/AIDS program
 3. Proceeds from the reading can go to organizations, groups that work with people living with HIV/AIDS.
- Inform audience of reasons for this poetry-reading event
 1. Before performance begins explain reasons for the event
 2. After the reading or before people give out information on HIV/AIDS prevention and support networks, organizations and testing sites.

CONDUCT A PUBLIC SQUARE PRAYER AND CANDLELIGHT VIGIL

Every city has a public or town square (city park) that is open to the general population for its public utilization.

- A.** Hold a quiet and peaceful gathering to pray for those with HIV/AIDS and to pray for a cure for this disease.
- B.** Hold a quiet candlelight vigil during the evening and pray for those with HIV/AIDS and to pray for a cure.
- C.** Pass out literature about HIV/AIDS and the struggle to find a cure and distribute information to the general public.

CLERGY/LEADERSHIP HIV/AIDS TEST DAY

This would be a powerful advertisement and appeal to the local churches and the general community population that it is normal and safe to take the test. Clergy-persons taking the test would send a powerful message that while it is scary to wait for the results it is better to know and extend one's life than to not know and cut one's life short and potential pass along this deadly virus.

- Clergy persons should appeal to their peers to take the test and advertisement in the local newspaper, community or church newsletter or church Sunday morning bulletins.
- Clergy persons can take out a full page add in the local newspaper informing the public that clergy are taking: The AIDS Test.
- Clergy persons like anyone else do not have to share public ally the results of the test and can explain this fact to the general public or congregation to encourage others to understand the confidential nature of the test results.
- Clergy persons can rent and pay for a billboard for a month to announce and illustrate the importance of taking the test to the larger African American population. This public display would send a powerful signal to the larger African American community that anyone can become infected with HIV/AIDS regardless of social and economic status.

TEACH CIVICS LESSONS TO AFRICAN-AMERICAN CHRISTIAN YOUTH

African American youth can learn about the importance of civic duty and public responsibility by organizing and developing a letter writing campaign to ask them what they are doing regarding HIV/AIDS.

- African American youth can write letters asking city council, Mayor, congressional leaders in their district to support increase in public spending on HIV/AIDS services.
- African American youth can ask local leaders to come to their church or community center and have public officials speak about what they are doing in the struggle to support HIV/AIDS related programs.
- African American youth can ask local public officials what they are specifically doing on preventing the spread of HIV/AIDS and the type of service their ensuring the community is being provided for in their city or congressional district.
- African American youth can ask their city human service department where are the local testing sites? What are the city percentage rates of HIV/AIDS? How are they responding to the epidemic?

HIGH SCHOOL CAMPAIGN TO BRING ATTENTION TO HIV/AIDS

Students are a powerful resource and have lots of energy that can be used to harvest events that are fun and bring awareness to certain crisis.

Harness that energy by leading students to have:

- A car wash to raise money for HIV/AIDS
- A bake sale to raise money for HIV/AIDS
- Their own walk-a-thon or bike-a-thon to raise money for HIV/AIDS
- Their own toy drive to raise money for HIV/AIDS
- A plant sale to raise money for HIV/AIDS
- A movie night in the school's cafeteria and rent a view videos to raise money for HIV/AIDS.

MOTHER'S DAY, FATHER'S DAY AND VALENTINE'S DAY REMEMBRANCES

The church can celebrate special events like valentine's day, mother's and/or father's day by sending cards, gifts or candy to a hospital or agency that take care of men and/or women who are HIV positive.

- Send mother's day cards to hospitals, agencies that care for women who are HIV positive.
- Send father's day card or tie's to hospitals or agency that cares for men who are HIV positive.
- Send Valentine's Day cards and/or chocolates to agencies, hospitals, support groups or caregivers of those who have HIV/AIDS.

CREATE AN INTERNAL CHURCH SUPPORT GROUP

Advertisement Plan:

- Advertise support group in church bulletin, hallway's, newsletter, church website.

Activity Plan:

- Explain the nature of the support group and the place and space for the meeting.
- Church can develop their own internal support group for those with living with HIV/AIDS.
- Church can develop their own internal support group for those who have lost loved ones from HIV/AIDS, Breast cancer or any other disease.
- Church can develop their own off – site counseling and support group for those living with HIV/AIDS if group believes this will add to greater confidentiality.
- Once group meets have group define the nature of the meetings, discussions and type of social and emotional support needed from the group and for the group.

PARTICIPATE IN CHURCH COUNSELING AND COMMUNION SERVICE TO HOSPITALS

- Have Clergy and/or church leadership seek out hospitals or families, friends, relatives of those living with HIV/AIDS who asked Clergy to pray for their loves ones.

- Have Clergy and church members be available to give communion to those in the hospital who desire such ministry.
- Have Clergy or church members provide social comfort and fellowship for those who are sick and shut in due to HIV/AIDS related illnesses.

CREATE A CHURCH DRAMA DEPARTMENT (TEENAGER AND YOUNG ADULT ROLE PLAYING ABOUT SEX, SEXUALITY AND HIV/AIDS)

- Role-play on what teenagers think and feel about sex.
- Role-play on what teenage boys will say to get sex from teenage girls.
- Role-play on the choice of three women, single woman that's HIV free, a single woman who has HIV and a two year daughter, and a pregnant HIV woman with no kids presently.
- Role play on male choices: single male who is HIV free, single male who has HIV and has a two year son, single male with HIV who is expecting another child.

The Skits could have one or more of the following key messages:

1. During the skit illustrate how HIV can spread easily from person to person for those innocently in love and those who are selfish and do not care about the health of others.
2. Illustrate during the skit how abstinence is the best choice and the safest choice in preventing HIV/AIDS.
3. Provide a healthy discussion about sex and sexuality in the dramatic skit about sexuality and HIV/AIDS.
4. Illustrate in the dramatic skit how clothing is provocative and so enticing that it will bring male negative reaction, and shape perception and influence behavior of young men.
5. Illustrate how cheating married men and women can destroy a marriage when they have unfaithful and commit adultery and expose their partner to HIV/AIDS.
6. Illustrate risky behavior of “down low brothers” who love men and women and the potential risk their choices create in spreading HIV/AIDS.

CREATE A ABSTINENCE MINISTRY AND MISSIONS AND IT'S POSITIVE IMPLICATIONS

American culture is full of signals and messages emphasize sex and sexual behaviors. This is evident from commercials showing half nude women, football cheerleaders cheering half nude for their football team. It is evident from observing rap stars wearing their pants three-fourths down from their buttocks showing their underwear believing this is attractive to women. From television commercials advertising Viagra to sports and entertainment events signals are being sent encouraging sexual behavior. These and other signals not mentioned here are clearly influencing youth and teenager's sexual thinking, attitudes and behavior. Even when discussing safe-sex the emphasis is not abstaining from sex but using protection to when having sexual intercourse, therefore, the message of abstinence is smothered and a lost perspective among teenagers and young adults.

Activity Plan:

- Clergy or a trusted parent(s) should organize a meeting with teenagers to discuss sex, sexuality and the role that abstinence can positively play in their lives.
- Clergy or a few trusted parents should do a weekly series on the role of abstinence can positively play in the lives of teenagers and young adults.
- Clergy or a few trusted parents should utilize a video or do role-play to open up the discussion on sex and sexuality.
- Clergy or a few trusted parents should be very prepared to defend clearly, logically why waiting to have sex is more useful and profitable than having sex as a teenager.

TEACH A CLASS ON TEENAGER'S SEXUALITY AND ABSTINENCE

Have youth/teenagers write down reasons why they should wait to have sex.

Waiting prevents the following problems/issucs and stressful situation from occurring:

■ **Abstaining from sex can help you to:**

1. Prevent pregnancy
2. Pregnancy (having a baby) cost money in clothing, food, medical and housing costs.
3. Prevent sexually transmitted disease (STD)
4. Pregnancy can prevent the postponement of attending college or not going to college at all.
5. Help you plan for college and/or a job with less stress if you were pregnant.
6. Help you focus upon yourself and development by focusing on a career
7. Wait until you are spiritually, emotionally and physically prepared to have sex
8. Wait until you have found a partner and are married

■ **Understand what type of support can make it easier for you to maintain your position of maintain abstinence¹²?**

1. Consciously choose friends that agree with your position on abstinence
2. Develop and nurture romantic relationships with individuals who will support your decisions about abstinence and sex
3. Watch television shows and choose entertainment that do not consciously and consistently promote sex
4. Subscribe to magazines that promote healthy sex thinking and values
5. Define what abstinence means for you and your relationships
6. Honor, respect and value your decision regarding abstinence with a sense of security and assurance that is honorable to yourself ethically, spiritually and emotionally.
7. Find and develop a spiritual relationship that lives by the scripture and supports your beliefs, values and decisions on abstinence.
8. Find and attend a church environment where the youth have positive relationships that support abstinence.
9. Seek out adults that you can discuss your pressures with whom you have confidence in and can trust and talk to about sexuality and sex.
10. Know the difference between romance, sex and sexual interaction.

¹² Dale Zevin. *Abstinence* (Santa Cruz : ETR Associates, 1996), 67, 71.

- **Have and open and honest discussion with yourself and others regarding your choices.** It is difficult to discuss sex with peers and adults especially if you feel your position of abstinence may be ridiculed or is the most unpopular decision. However, let others know your stance when given the opportunity and be secure that your choice for abstinence is a healthy choice for you emotionally, sexually and spiritually¹³.
 1. Ask your potential romantic partner how they feel about no sex before marriage. **Example:** My feeling is I want to wait until I am married to have sex?
 2. Ask your potential relationship how they feel about waiting to have sexual relations. **Example:** I plan on waiting to have sex. How do you feel about waiting?
 3. Affirm with your potential mate that waiting to have sex is presently your choice and will they be comfortable with your choice as you are? **Example:** I am comfortable and secure with waiting to have sex. Are you comfortable with waiting to have sex?
 4. Affirm with your partner that you and them can have a positive, loving, caring relationship without the pressure of sex and sexual relations. **Example:** I want a positive relationship without sex. How do you feel about this?
 5. Affirm that your body is the temple of God and you shall not misuse or show disrespect for it. **Examples:** I am waiting to have sex and do not believe in promiscuity; I believe in the scripture that waiting to have sex until after marriage is honorable. Do you agree with scripture on the subject?
- **Sexual feelings, thoughts and abstinence.** Teenagers and young adults should be taught clearly sexual feelings are normal and apart of expressing love and caring towards another person and that these feelings should be expressed in positive ways, thoughts and behaviors.¹⁴
 1. Abstaining from sex does not prevent sexual feelings; therefore, what are some positive ways to express and handle these feelings:
 - When sexual feelings arise acknowledge them (they actually will come and go).
 - Understand where these feelings arise, from watching a television show, magazine, entertainment video or touching.
 - Develop a plan of action to handle these sexual feelings positively.

¹³ Ibid., 21, 58-61

¹⁴ Ibid., 3-10, 25.

2. A plan of action to handle sexual feelings.

- If you are in a relationship and develop sexual feelings cuddling and/or holding hands can be one means to alleviate these feelings without succumbing to intercourse and maintaining abstinence.
- You can read romantic books and enjoy romantic movies.
- You can enjoy the pleasure of walks with your partner.
- You can enjoy a worship service or romantic play with your partner.
- Develop and find a means that works for you in dealing with sexual feelings.

3. Developing a plan to manage sexual feelings and shifting attention away from those feelings while on dates:

- Plan to enjoy a night out with your partner by double dating. This will ensure you are never alone with your partner and may avoid temptations to explore sexual feelings.
- Avoid heavy touching of each other's skin or clothing if alone of a date.
- Avoid giving any impressions by touching your partner. This may give them a signal of agreeing to any type of sex or sexual foreplay.
- Avoid giving any impression that allowing your partner to consistently touch you because it may be interpreted as a signal of agreeing to any type of sex or sexual foreplay.
- The type of clothing you may wear on a date may send a signal that can be easily misinterpret by your partner that you are "ready" or 'preparing for an encounter, experience with any type of sex or sexual foreplay.

3. Develop a mentoring system that can give you emotional and social support.

- Always have an adult or peer you can talk to who will be supportive of your perspective. This may be a teacher, counselor, pastor of the same sex, friend

who agrees with you. This can include your parent, a friend's parent, sister, brother, older church supporter, aunt, or any relative, friend or adult who honors and supports your perspective.

- Always positively encourage yourself during moments of doubt.
- Always remember that waiting to have sex is honorable and you should never be ashamed of this perspective
- Develop and be around friends that do not ridicule or disrespect your thinking and behavior, if a person does be open and honest with yourself and them by reinforcing your position.

HAVE CLERGY AND PARENTS CREATE A PROGRAM ON SEX EDUCATION

Clergy and parents make a great team collaborating together to inform teens about sexual responsibility. Also, the network of parents is a great support medium for other parents to address concerns or issues. They should meet to agree on what form on sex education their local church should teach and expose teenagers and youths to.

Activity Plan:

- Clergy and parents of local church should define what acceptable sex education is.
- Clergy and parents should define the boundaries of HIV/AIDS prevention they want to teach and expose teenagers to.
- Clergy and parents should consider different approaches and methods to accommodate different perspectives and opinions regarding sex education.
- Clergy and parents may want to set up two or three sex education classes to accommodate different parental concerns, beliefs and view points regarding sex education and HIV/AIDS prevention.
- Clergy and parents may want to get a written consent from parents who would like to send their children to these classes.
- Clergy and parents may want to invite community and local church members to a pilot class of sex education and HIV/AIDS before offering these classes to children and/or teenagers.

- Clergy or pastor may want to reach an internal consensus of church member or board of directors if sex education values if classes will be taught at their local church.
- Clergy and parents may want to consider where classes will be taught and seek to find out if there are any concerns with the type of material being taught in an Urban league, NACCP, Boys and Girl club building, community center. All these places may have some sort of values, requirements or thoughts on what should or should not be emphasize.

*HOST AN INTERNATIONAL AIDS DAY DURING A
MARTIN LUTHER KING DAY CELEBRATION.*

This event can be a starting point for a church, school or campus group educates people on the international struggle to reduce HIV/AIDS infections as well as attempt to raise money to find a cure.

Activity Plan:

- Hold a service or prayer vigil or any activity as outlined in the previous pages to observe this international solidarity event.
- Hold a one-day seminar educating people about HIV/AIDS.
- Have a day of testing open to the community where people can come to the church and be tested for free.

*DEVELOP ACTION AND PRAYER SUPPORT FOR
PEOPLE LIVING WITH HIV/AIDS*

Create a women's or men's ministry where men and women living with HIV/AIDS come together to share their faith, love, hope and support of one-another as they learn to live victoriously with the disease. The Church should seek to bring men and women together through fellowship and prayer experiences so they can offer one-another emotional, spiritual and intellectual support.

Activity Plan:

- Advertise in community newsletter, church bulletins, and local newspaper.
- Clergy should open express the specific types of support the local church body will provide them, etc, meeting place, worship space a place of security.
- Clergy should meet with members of this community and seek from them what type of support they need from the church itself.
- Clergy should consider incorporating people living with HIV/AIDS into the larger church community so they will not be isolated if the group so desires and are ready for such a move.
- Clergy should seek to assist families who are providing for people living with HIV/AIDS through counseling, support group, food and clothing drives in a manner that does not violate human dignity and their basic humanity.
- Clergy should actively seek to comfort those who are terminally ill with HIV/AIDS through communion, prayer and fellowship in the hospital or at their home that brings emotional, spiritual and personal inspiration to those who are ill.
- Clergy should actively train and teach membership to be non – judgmental to those who have contracted the disease through personal and collective education.
- Clergy should offer personal counseling or have someone trained to visit those living with HIV/AIDS at their home or in the hospital.

ORGANIZING AND DEVELOPING A PASTORAL CARE NETWORK

Organize a group of churches/Clergy to develop a support network among churches. Lay representatives and Clergy can pool resources and develop a HIV/AIDS ministry network.

- Pool resources to develop an HIV/AIDS advertisement to appeal specific or general population of the community that is most at risk for contracting the disease.
- Pool resources to hire a HIV/AIDS counselor to counsel those who need this resource and provide a church office space or off-site meeting places with schedule and times for consultation.
- Develop pastoral service to the local hospital where a train member of the Clergy or Minister can provide prayer or support to someone at the hospital 24 hours a day.
- Lay leaders and Clergy should plan to meet week or bi-weekly to evaluate strategy, method and means for reaching those who have HIV/AIDS and plans for developing prevention strategies.

- **Develop a Statement of Faith, Hope and Affirmation regarding the HIV/AIDS Ministry Network.**
 - A statement consensus focusing on affirming the dignity of treatment of every human and the right to be treated with integrity and respect despite how they have contracted the disease. The focus here is to break down barriers of who should be accepted or not accepted in the local church, denomination or church assemblies.
 - A statement of affirmation should likewise mention and pay careful attention to educating Clergy about insensitive preaching or statements that insult, harm, or destroy someone's integrity or dignity.
 - A statement of affirmation of human dignity can be posted on church walls, bulletin boards, apart of the Sunday bulletins or in a church community newsletter.
 - Clergy or lay representative can distribute the statement of affirmation to the local community through a church – community newsletter.
- **Develop a statement of affirming Action and reflection.**
 - Have network evaluate goals and results of their inward and outreach action.
 - Have network evaluate objectives and results pertaining to AIDS support and prevention successes.
 - Have network reflect upon ways to strengthen action and develop goals to enhance ministry weekly, bi-weekly or monthly.
- **Develop a Mission Statement.**
 - Sample Mission Statement

Institutional Pentecostal Church

HIV/AIDS Ministry

The Vision: To develop an AIDS Ministry to promote HIV/AIDS awareness, education, and to provide methods to prevent and reduce the spread of HIV/AIDS within the African-American Community.

The Mission: As African-American Christians, we will share God's love by implementing a Biblically based Ministry to provide emotional, physical, and spiritual healing to those who are suffering from HIV/AIDS.

Objective: To ensure the local church is provided information concerning the nature of HIV/AIDS, how it is spread, and to provide the church understanding regarding the realities and myths of this disease.

- **Develop a positive response to the AIDS Crisis in the church.**

- Ask and seek church members to volunteer for Hospice care for those with HIV/AIDS.
- Ask lay person and clergy to participate in establishing support group for AIDS patients and their families.
- Develop an AIDS resource packet for church membership and those in ministry with scriptural and theological reflections analysis to include facts about HIV/AIDS.
- Develop a theological focus that emphasize resurrection and life over evil and peril when ministering or discussing HIV/AIDS to those most affected and promote this theological emphasis to membership.
- All preaching, teaching and education material should consciously emphasize that disease is not “a tool of God”.

- **Promote National HIV Testing Day, June 27th**

- Have layperson and Clergy promoted this National Day of Testing (June 27th).
- Have network promote this day with a health day or emphasize this day in church bulletins, community newsletter.
- Set up the church as a place of testing with Clergy taking the test to break down barriers, fears and replace it with a symbol of hope, faith and life.
- Call June 27th a Day of Re-renewal as oppose to fear, civil and death.

- **Developing and building “Support Housing”.**

- A network of churches can pool resources together to develop and build housing for people living with HIV/AIDS.

*HOST AN EVENT DURING THE ANNUAL NATIONAL
AFRICAN-AMERICAN HIV/AIDS DAY ON February 7th*

This is a day where advocates of prevention can educate and attempt to break down stigma's that prevent prevention efforts in the communities divested by high rates of HIV/AIDS.

Activity Plan:

- Have churches focus upon challenging any stigma surround HIV/AIDS.
- Have speakers challenge stigma that prevents people from getting tested.
- Have speakers challenge people who avoid being tested or deny treatment.
- Have speakers challenge people to understand they can live longer lives with HIV/AIDS if they are treated early.
- Have speakers break down barriers and stigma that impact churches perspectives of those living with HIV/AIDS.
- Have speakers focus attendees on the numbers of people infected with HIV/AIDS in those communities severely impacted by the disease.

***SEX, SEXUALITY AND CONTRACEPTIVES AND HIV/AIDS
PREVENTION: CHOICES FOR THE CHURCH AND COMMUNITY***

Thus far we have not discussed contraceptives and condoms as a means of preventing HIV/AIDS as a choice for the church. It is clear that condoms are one means of halting the spread of HIV/AIDS. Condoms as a prevention method are a controversial topic for many church bodies and silence is the rule of the day when considering this method of prevention. Yet, for other church bodies the question is: is it among the best choice and/or preferable choice? Who is making this choice and why? Is it two married partners making this decision? Is it two un-married and unsaved partners making this decision? Is it two born again believers making this decision? Is two teenagers making this decision?

However, whatever status (sinner, born-again, married, single) in or out of the church one thing is clear and evident; the church and clergy cannot remain silent on the issue of choices for preventing HIV/AIDS. The choices we advocate for our congregations, community and for ourselves send a message of our beliefs, values and desires to prevent the spread of HIV/AIDS. So, in the following pages we will have some

straight talk about choices for preventing HIV/AIDS and situations that influences choices for Christians and non – Christians alike and the values attached to those choices.

***WHY WE RAISE AWARENESS AND TAKE ACTION ON HIV/AIDS
PREVENTION AND PROVIDE SUPPORT FROM A CHRISTIAN
AND BIBLICAL PERSPECTIVE***

Almost all Christians have sat around the television and seen and heard HIV/AIDS prevention commercial that focus upon “wrapping it up” which is an advertiser’s appeal to the younger generation of teenagers. The focus is sex is going to happen so wear a condom as one means of providing protection against HIV. For many teenagers these commercials are providing the message that sex is all right so long as your partner is wearing protection in the form of a condom, so ensures he “wraps it up”. These commercials like all commercials send a powerful message to children, teenagers and all of us that there is no ethical, moral or spiritual obligation to a sexual relationship other than to wrap it up. Commercials are powerful weapons of mass communication and appeal to people’s senses and they are effective in what they attempt to accomplish.

However, given the messages commercials and other popular mass communications supply in this culture we as Christians can and should provide other alternatives to sex and sexual relationships. I believe, it is our obligation as the people of God to provide people with a sense that there should be moral, ethical and spiritual obligations attached to sex and sexual relationships. Moreover, sex and sexual relationships should not merely be to “fulfill a physical need” unconnected to marriage, and moral, ethical and spiritual matters.

The clergy, church leaders (Sunday school teachers, evangelist, missionaries, and Christian parents) are all responsible in conveying different positive messages about sex and sexual relationships to whomever they may come into contact with on a daily basis. While we are not “of the world” and therefore we live and act differently in accordance with scriptures, yet, we are, “in the world” and must counter and encourage a healthier discussion to our loved ones that sex and sexual relationships involved not merely the “physical” but have ethical, moral and spiritual dimensions and considerations. These considerations include marriage, abstinences, preparedness for sex and the rationale for sex and sexual relationships based on clear commitments.

Finally, creativity and courage to act is what Jesus life was all about. The only question is, do we want to follow Jesus, if so, can we act courageously and provide positive messages of hope, love, faith and action that enables people to live longer and healthier lives in a non – judgmental way. I believe we can and will because the call to go to the entire world and preach Gospel to everyone is the fundamental basis, which makes us, convey God’s message.

WHAT THE SCRIPTURES SAYS ABOUT DISEASE (S), HEALING (S)

There are hundreds of scriptures that discuss God’s healing kindness towards his church and his people. Below are several scriptures that have been selected to give us a sense of the power of faith, compassion, and love that Jesus showed toward the less fortunate. We as the body of Christ need to realize that healing can be a miraculous act but also it is an act that comes from our faith and action that allows us to be involved in the process of healing. God through us gives us the power to heal and to comfort,

therefore; we are to see healing as the total process that involves the body, mind, soul, and the spirit. These scriptures are but a brief insight of God's actions of what we should emulate here on earth as the body Christ.

- ***Matthew 9:32-35*** This scripture discusses Jesus' healing a person who was unable to speak since birth. Jesus heals him of his handicap. This healing illustrates to his followers that it is possible for us to assist others in the healing process.
- ***Matthew 14:14*** This scripture discusses how Jesus had compassion towards those who were sick. This act of compassion demonstrates how we as the church are the body of Christ and should likewise participate in activities enable the healing of the sick.
- ***Mark 1:40-42*** This scripture shows that Jesus stretches out his hand to heal a leper by means of touch. This gesture of touching someone who had the disease of leprosy was a religious taboo. The message that Jesus sent is the socially outcast has a right to be healed and become a part of the community. The church's call is to exemplify this model of compassion and acceptance towards those with HIV/AIDS. The church must stretch forth its hands and touch the lives of those who are social outcasts.
- ***John 5:1-9*** This scripture illustrates the multifaceted act of healing. First, one must believe that healing is possible in any condition and there must be a desire to be healed. Secondly, there must be action that reflects your faith that healing can occur. Thirdly, this scripture shows that we should never give up on our desire to be healed regardless of what we are afflicted with and that healing does not always happen instantaneously.

- ***John 6:17-19*** This scripture talks about Jesus and his disciple's trip to the coast Tyre and Sidon and their healing of those who were emotionally afflicted. Jesus comforted and healed those who were emotionally and spiritually distressed. Our call as Christians must likewise be to comfort and heal those who are spiritually, psychologically, and mentally in bondage.
- ***James 5:16*** This scripture illustrates intercessory prayer. We are called to pray for one another because prayer is a source of healing. The prayer of faith entails praying for the sick as well as for one another. Prayer produced by faith will heal.

CLOSING REMARKS ABOUT FAITH, HEALING AND THE CHURCH RESPONSE TO HIV/AIDS IN THE AFRICAN AMERICAN COMMUNITY

In conclusion, the ideas section of this booklet is a brief discussion on breaking down barriers in our churches, community and society at large. Jesus lived in a world where social purity and rigid belief about who was clean and unclean was the norm of his day in first century Palestine. This idea of who is pure and not pure has a long history that is rooted in ancient Israelite culture and dependant upon to some degree people's birth. Purity was influenced by one's position in society. Priest and Levites believe that purity is inherited, for example if you were an Israelite, you were considered pure because of genetics. Those who were considered non pure were non - Israelites and bastards, including those who were extremely poor. Physical health and wholeness were commonly associated with purity and those who were ill or sick were associated with impurity. This type of stigma continues to be problems with the "people of God" who oftentimes isolate and refuse to socialize with those who have HIV/AIDS.

However, Jesus was concerned more about the “politics of compassion” over purity that was exclusive and subjected people to humiliation. Jesus broke down these sharp social boundaries between pure and impure, Jews and Gentiles, rich and poor and male and female. Jesus’ ministry of healing not merely shattered these boundaries of who is pure and impure but emphasized compassion and healing. He healed lepers, women with an issue of blood, those with unclean spirits. Jesus’ ministry was one of compassion where he healed all those who were sick without prejudice and ridicule. Jesus was anointed with power and the Holy Spirit and healed all those who were oppressed by the devil and evil spirits (Acts 10:38). This is the type of politics of compassion we as the Church of God must have in our mission with those who have HIV/AIDS.

Jesus’ life was a life open to those who were suffering and ridiculed in society. This is best seen during mealtime. Sharing meals in the time of Jesus had a significant social significance. It meant you were accepted and on the same terms, it represented mutual acceptance and people did not share meals with anyone they thought was impure. However, Jesus advocated and practice open table fellowship where he welcomed everyone and brought about a new concept of community that is inclusive and reflected God’s love. This openness included women, the poor, the ill including those who were hated in society, tax collectors and sinners but Jesus let it be known that he has come to meet the needs of the sick and it is they who need a healer (Mark 2:15-17). So as the people of God let us open our doors of fellowship and share our bread and life so we may be able to reach everyone who comes to our table and share with them the joys of fellowship, life and living and in doing so we will be able to touch someone’s life. Let us

as the people of God have a table fellowship once a month where we can invite anyone to fellowship with us as God's people in the ministry of sharing and breaking bread. Jesus said to a host "when you are having guest for lunch or supper, do not invite your friends, your brothers or other relations, or your rich neighbors; they will only asked you back again and so you will be repaid. But when you give a party, ask the poor, the crippled, the lame, and the blind. That is the way to find happiness, because they have no way of repaying you. You will be repaid on the day when the righteous rise from the dead" (Mark 14:15-24).

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APPENDIX F

HIV/AIDS MINISTRY BOOKLET CHURCH SAMPLE OF A SIGNED ACKNOWLEDGMENT FORM

November 17, 2004

Dear Church Pastor / Assistant / Church representative:

Thank you for deciding to participate in our Project to assist your local Church and community in the fight against HIV/AIDS. We are glad you have decided to receive the free materials the will allow you to develop a customized program at your own pace if you so desire. Enclosed you will find a 55-page booklet, sample posters, brochure, prayer, and activity ideas that will explain how you can establish a program that will allow you to reach out, counsel, hold meetings, and provide resources that will help your local church and community.

Please sign the receipt below to acknowledge receipt of the free, no obligation materials.

God Bless you in you in all of your endeavors

Sincerely,

Rev. Ricky V. Boyd,
D. Ministry Candidate, New York Theological Seminary

I, Pastor / Church representative Assistant Rev. Ricky V. Boyd
(Name)

Simply acknowledge receipt of the free, no obligation materials that allow the church, Faith Alive International Ministries to develop a (Church name) customized program at our own pace.

LIST OF CHURCHES ACQUIRING MINISTRY BOOKLETS TO DEVELOP
HIV/AIDS MINISTRY:

5th Street Baptist Church, Reverend Linda McDoughan, New Jersey

Abundant Life Church, Assistant Juanita Miller, New Jersey

Adonai Tabernacle, Pastor Glenn McBride, Plainfield, New Jersey

Bethlehem Temple Church of Belleville, Elliot Karo, New Jersey

Bronx Pentecostal Deliverance Tabernacle, Pastor Clarence Jones, Bronx, New York

Calvary Baptist Church, New Jersey, Pamela Murray

Circle of Love Church, Pastor Ray Kirton

Church of the Highlands, Benjamin Small, Lakeland, Florida

Down to Earth Ministries, Church Representative, Annic Gibbs, Norfolk, Virginia

East Lake Baptist Church, Michael G. Cunningham, Detroit, Michigan

Faith Alive International Ministries, Assistant Pastor, Raymond Smith, New Jersey

Faith and Family Church, Reverend Calvin Duncan

First Reform Church of Astoria, Pastor Dwayne Jackson, Queens, New York

Harmony Church, Pastor Avan Celeste

New Brooklyn Reformed Church, Pastor Barbara Alexander, Brooklyn, New York

New Vision Ministries, Inc, Bishop Forest Leeslker

Metropolitan Baptist Church, Executive Director, Estella Pullins, Newark, New Jersey

Mount Calvary Baptist Church, Pastor Ralph Brand

PCC Christian Church, Richard Hogan

St. James AME Church, Newark, New Jersey

Temple of Praise Church COGIC, Pastor Malcolm Johnson, Canton, Mississippi

Temple of Prayer Church COGIC, Pastor Micah J. Scott, Jackson, Mississippi

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APPENDIX G

SUPPORTING COMMUNITY AGENCIES THAT PROVIDE SERVICES TO THOSE LIVING WITH HIV/AIDS



20th Anniversary
1984-2004

The future starts with a place to live

December 9, 2004

Ricky Boyd
10 Marshall Street
Apt. 2 D
Irvington, NJ 07111

BAILEY HOUSE, INC.

275 Seventh Ave. 12th Floor

New York, NY 10001

tel (212) 633-2500

Fax (212) 633-2532

www.baileyhousenyc.org

Dear Ricky,

On behalf of the board, staff and especially clients of Bailey House, please accept my sincere thanks for your donation \$100 for our Annual Thanksgiving Basket Distribution for the residents of Bailey House. We truly appreciate your kindness and creative efforts to make a difference in the lives of our clients and their families. We look forward to a continued partnership and invite your organization to any of our upcoming Holiday events.

Bailey House has undergone tremendous growth in the past three years, more than doubling our service capacity. Our housing programs now provide housing and vital services to more than 300 men, women and children living with AIDS. Our INVEST NYC program has expanded to provide education, job training and placements for people with AIDS throughout the five boroughs and has served more than 175 clients to date.

We have also recently expanded our services in East Harlem to include housing for 30 families headed by women and men with AIDS, and 36 single adults, over age 50, with AIDS. Our East Harlem office offers a housing placement service, food pantry and clothing bank and counseling and referrals to more than 160 clients. Our Technical Assistance and Program Evaluation department conducts workshops and trainings for hundreds of agencies across the city and around the country and has provided valuable support to HIV/AIDS activists from around the world.

This unprecedented growth in a time with the HIV/AIDS epidemic continues to increase locally and worldwide has been made possible by donors like you. Your support is one of the reasons we have prevailed over the uncertainties and challenges presented by the AIDS epidemic over the past nearly 20 years. With your help, our services will continue and will grow where needed until there is a cure.

At Bailey House we say, "the future starts with a place to live." Thank you for being a vital part of that future.

Sincerely,


Tamesha Harper



20th Anniversary
1984-2004

The future starts with a place to live

December 20, 2004

Mr. Rocky V. Boyd
10 Marshall Street, Apt. 2D
Irvington, NJ 07111

Dear Mr. Boyd:

On behalf of the board, staff and especially the clients of Bailey House, please accept my sincere thanks for your gift of \$100.00, which we received on 12/16/2004. *Our work would not be possible without the support of people like you.*

For twenty years, Bailey House has been committed to providing housing and supportive services to the most vulnerable New Yorkers: homeless people with HIV/AIDS. Our housing programs provide homes and vital services to more than 270 men, women and children living with AIDS. Our INVEST NYC program, with 300 clients currently enrolled, provides education for people with AIDS throughout the five boroughs.

In East Harlem, which has the fastest growing number of new HIV infections in New York City, Bailey House offers housing placement and a food pantry, as well as counseling and referrals to our clients. In East Harlem, we also provide homes for 30 families headed by women with AIDS.

Our Technical Assistance and Program Evaluation department conducts workshops and trainings for hundreds of agencies across the city and around the country and has provided valuable support to HIV/AIDS activists from around the world.

Sustaining this vulnerable population in a time when the HIV/AIDS epidemic continues to increase locally and worldwide has been made possible by donors like you. Your support is one of the reasons we have prevailed over the uncertainties and challenges presented by the AIDS epidemic over the past twenty years.

At Bailey House we say *the future starts with a place to live*. Thank you for being a vital part of that future.

Sincerely,

Regina R. Gottschl, Esq.
Chief Executive Officer

P.S. The IRS requires us to inform you that no tangible goods or services were provided in exchange for your contribution. Therefore, the full amount of your gift may be deductible for federal income tax purposes, unless otherwise indicated on this gift acknowledgment. Please consult your tax advisor for further details.

BAILEY HOUSE, INC

275 Seventh Ave. 12th Flr.
New York, NY 10001
Tel. (212) 633-2800
Fax (212) 633-2332
www.baileyhause.org

December 23rd, 2004

HALE HOUSE COORESPONDENCE

Dear Hale House Director:

Enclosed in this box is a gift donation of scarf's, socks, gloves and other items we hope that you will find useful for the children and youth of Hale House. We appreciate the historic work done by Mother Hale and the present members of this organization and wanted to send a token of appreciation as manifested in God's wonderful glory.

Warm regards,

Rev. Ricky V. Boyd

APPENDIX H

PRACTICAL METHODOLOGY: PLAN OF IMPLEMENTATION

PRACTICAL METHODOLOGY AND PLAN OF IMPLEMENTATION

The methodology of creating awareness of the importance of developing HIV/AIDS within the site team is to have group provide intercessory prayers on behalf of those living with HIV/AIDS. Apart of this awareness campaign is to have site team develop an understanding between the relationship between community involvement and healing. As awareness and sensitivity increase we will begin the process of educating African American churches and community on the need to develop HIV/AIDS ministries. This requires the development of a resource guide to help existing ministries that are inactive as well as assisting Churches in creating HIV/AIDS ministries.

Methodology one: The Site team will individually and collectively provides intercessory prayer for people living with HIV/AIDS.

Defense: Fundamentally to Christian life is prayer and African-American Christians believe strongly that prayer changes things, situation and circumstances. Thus, as African-American Christians we shall offer to God our prayer of healing for people living with HIV/AIDS.

Methodology two: Do a Biblical based Bible study on what scripture says about healing and the healing of diseases.

Defense: Jesus fundamental mission was to provide healing for people living with disease and people in First Century Palestine to the present seek healing. Thus, Christians seeking to do ministry must understand why Jesus healed and understand why healing was a major component of Jesus ministry. As HIV/AIDS is a major killer of people of African descent seeking an understanding and motivation for this healing challenge is necessary for social, spiritual and diplomatic action for change.

Methodology Three: The production of an occasional Newsletter to increase awareness and to communicate with African-American pastors and congregations across the United States and in the New York and New Jersey area.

Defense: While personal dialogue and discussion with some pastors and congregations is necessary and shall be employed to discuss the issue of HIV/AIDS ministries. The use of a newsletter is effective in reaching out to those congregations and pastors we are unable to reach due to time constraints and the sheer number of African-American Pastors and congregations in the metropolitan New York and New Jersey area.

Methodology Four: Develop a HIV/AIDS Web page that attracts and appeal to the on-line community and provides HIV/AIDS information, testing and church ministries and support networks with people living with HIV/AIDS.

Defense: The new tool of mass marketing and commercial and social outreach is the Internet. The Internet is a major source of information comparable to the mass television media. So, our ministry outreach is to ensure we provide information that will assist the on-line community in having additional information on HIV/AIDS.

Methodology Five: Raise funds and solicit donations to send medical supplies, such as band-aids, aspirins to African-American communities and organization across the United States that need assistance.

Defense: Providing material support in the form of medical supplies is a direct source of healing and meeting physical needs and provides the action behind the prayer.

Methodology Six: Persuade the African-American Church to form its own AIDS march in the African-American communities or to participate in the AIDS walk.

Defense: Standing together internationally with people united as one group is a way of creating solidarity and motivating one-another to move forward in meeting challenges and obstacles that prevent healing and a cure to the disease.

Methodology Seven: Developing, designing and publishing a guide on developing HIV/AIDS ministry and outreach for the African-American Church.

Defense: While most churches do not have HIV/AIDS ministries and outreach activities there are churches that have struggling ministries and seek to resources and ideas. This guide will pull together ideas, activities and events from among the best ministries to form a resource brochure for African American and any church who wish to begin a HIV/AIDS ministry. Also, this brochure will document other HIV/AIDS ministry resources for any church seeking and attempting to develop an AIDS ministry and outreach program.

PLAN OF IMPLEMENTATION

Goal # 1: *Develop and organize an intercessory Prayer group.*

Objective: Develop group awareness and sensitivity to HIV/AIDS disease.

Strategy A: Initiate group prayer for the healing of people with HIV/AIDS.

Strategy B: Solicit at least three congregations to pray for the healing of people living with HIV/AIDS.

Strategy C: Document discussions and scriptures on healing and prayer in the prayer group as a model of how to introduce HIV/AIDS discussion to local congregations.

Strategy D: Have group read and critique Tilda Norberg and Robert Webber's book, *Stretch out your hand: Exploring healing Prayer.*

The focus is to look at the Biblical basis of our being called to the mission and ministry of healing.

Ministry emphasis:

The ministry emphasis in this strategy is to utilize the ministry of intercessory prayer as a means of seeking divine healing while preparing activities that shall raise awareness of HIV/AIDS. This type of prayer is seeking God's divine guidance on behalf of another person or group of people to solve an issue and/or problem. The prayer group offers up their prayer on behalf of another person and believes that God will aid them in resolving a problem/issue. The intercessory group after praying seeks to add action behind prayers with work that focuses upon healing.

METHOD OF EVALUATION:

Observation.

AGENT OF EVALUATION

The site team group

DESIRED OUTCOME

Have (2 or more) site team members feel empowered by intercessory prayer. Also, have site team acknowledge that God is working through our prayers, as well as on behalf of those infected with HIV/AIDS and families affected by HIV/AIDS.

Goal #2: Develop a scriptural understanding of the relationship between HIV/AIDS and healing among the site team.

Objective: Develop a Biblical understanding of Healing and disease and its relationship among the site team since we as African-American Christians are called to be healers.

Strategy A: Develop a Biblical based Bible study that looks at what the Bible says about disease and healing from Luke 5:16-20.

Strategy B: Distribute books and articles that discuss the relationship between healing and diseases to the group.

The two main sources which provided the site team with information regarding healing and disease were Luke 5: 16-20 and Tilda Norberg and Robert Webber's book, Stretch out your hand: Exploring healing Prayer. The members of the team were provided a personal copy of this book to read and reflect upon as part of their reflection of the relationship between healing, prayer and the faith community response. Along with this sources was the Biblical passage Luke 5: 16-20.

Strategy C: Conduct group discussions in our bible session and have each members write and discuss their findings on the relationships between healing, ministry and HIV/AIDS.

METHOD OF EVALUATION:

Observation:

AGENT OF EVALUATION

Site team member

DESIRED OUTCOME:

1. Have (2 or more) site team members acknowledge a Biblical understanding of

the relationship between healing and ministry.

2. Have site team members acknowledge a Biblical understanding of the relationship between disease and healing.

Goal#3: Raise awareness

Objective: To raise awareness and call African-American pastors and Congregations in the metropolitan New York/ New Jersey area and across the United States to action in the fight against HIV/AIDS.

Strategies for Goal# 3

Strategy A: Develop a list of New York/New Jersey African-American and multi-racial Congregations for the purposes of sending them a newsletter.

Strategy B: Distribute an occasional Monthly newsletter "AIDS Manifesto to the African-American Churches": Why AIDS, WHY NOW, WHY ACTION"

Strategy C: Establish contact with pastors and congregations and discuss the development of a HIV/AIDS ministries and/or their support of those who have such ministries with time, money, or activities.

METHOD OF EVALUATION

1. Site team's feed back from churches.

AGENT OF EVALUATION

1. The site team

DESIRED OUTCOME

1. The desired outcome is to have African-American Christians, Pastors and Congregations acknowledge having gained an insight into the problems that HIV/AIDS pose to the African-American community.

Goal# 4: Develop a HIV/AIDS web page to appeal and attract the on-line community.

Objective: To provide people that visits the web page with the addresses of churches with progressive and active HIV/AIDS ministries. This web page will also become a vehicle to send information to churches via the Internet.

Strategy A: Team will design a home web page focused on AIDS/HIV.

Strategy B: Have group advertise existing church ministries, testing sites and support groups for online community to access.

METHOD OF EVALUATION

1. Correspondence from external churches and community
2. Site team

AGENT OF EVALUATION

1. The site team:
2. The website creator:

DESIRED OUTCOME

1. Provide the online community with knowledge of the locations of HIV/AIDS

testing sites and counseling centers in the New York and New Jersey area.

Goal # 5: Provide home-health care visits for people living with HIV/AIDS (Site Team).

Objective: Provide 6-8 people with material support.

Strategy A: Raise money to provide those with HIV/AIDS with gifts.

Strategy B: Provide holiday emotional support to agencies that support HIV/AIDS ministries.

METHOD OF EVALUATION

1. Documentation of home care visits

AGENT OF EVALUATION

1. Site team members –

DESIRED OUTCOME

1. Projected fundraising goal of \$200-\$500 dollars.
2. We shall encourage those (individuals and families) living with HIV/AIDS by giving gifts that are socially uplifting people spirits.

Goal # 6. Participate in international AIDS day or AIDS walk to show solidarity and increase group and individual knowledge of the international issue of this pandemic.

Objective: To participate in the AIDS walk and International AIDS day.

Strategy A: To get site team members involved in this AIDS Walk on May 17th, 2004.

Strategy B: Recruit churches to participate in the International AIDS Day on December 1st, 2004.

METHOD OF EVALUATION

1. Observation and participation

AGENT OF EVALUATION

1. Our written evaluation of our participation in AIDS day walk.

DESIRED OUTCOME

1. Obtain at least 2-3 churches or representatives to participate in international AIDS day.

2. Have site team member's participants in AIDS Walk.

Goal # 7: To develop, design, and distribute a resource guide on developing HIV/AIDS ministry and outreach for the local African American church

Objective: To provide churches with a resource tool to start their own HIV/AIDS ministry.

Strategy A: Develop a resource guide.

Strategy B: Distribute resource booklet to churches and obtain sign commitment.

Strategy C: Talk to church leaders about their interest in developing a HIV/AIDS ministry.

Strategy D: Site team members shall Interview leaders of HIV/AIDS ministries and organizations.

METHOD OF EVALUATION:

1. Journaling of what it takes to organize such a resource guide.
2. Interviews for usefulness.

AGENT OF EVALUATION

1. Site team members

DESIRED OUTCOME

1. Have African-American churches use the resource guide for educating their members.

MINISTERIAL COMPETENCIES:

A Theologian:

Goal: Be able to engage a group in Biblical reflection and prayer and relate scripture to world events and social problems. Specifically, be able to articulate and describe how healing can be applied to HIV/AIDS in the contemporary setting.

Strategies A: Lead and encourage site team to pray and reflect on scripture

Process of Evaluation:

Obtain a collective summary by which the site team to evaluate the effectiveness of my biblical and theological teachings and its impact on their learning as well as my overall plan of implementation.

Agent of Evaluation:

Site team shall evaluate my ability to engage them theologically.

Desired Outcome:

The feedback will show my ability to lead group in effective intercessory prayers. This feedback will also show my ability to lead site team to connect prayers, scriptures and theological reflections to God's healing presence in the world.

A Leader: I shall have the ability to lead site team, execute objectives and provide support and direction to group in difficult moments.

Strategies A: Lead and encourage site team to pray and reflect on scripture

Process of Evaluations:

Obtain a collective summary by which the site team to evaluate the effectiveness of my biblical and theological teachings and its impact on their learning as well as my overall plan of implementation.

Agent of Evaluation:

Site team

Desired Outcome:

The feedback will show improvements in my ability to execute objectives and goals according to the plan of implementation.

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